

**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="2015"/>	<input type="text" value="78506.16"/>	<input type="text" value="78506.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="128940.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="51640.32"/>	<input type="text" value="229413.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="180580.94"/>	<input type="text" value="307919.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66928.10"/>	<input type="text" value="194266.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113652.84"/>	<input type="text" value="113652.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	35255.48	147123.00
(ii) Unitemized	11380.73	64925.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46636.21	212048.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	51636.21	229048.67
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).....	0.00	339.70
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.11	25.19
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))..... ▶	51640.32	229413.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	51640.32	229413.56

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	428.10	1016.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	428.10	1016.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64000.00	188500.00
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	1000.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1250.00
29. Other Disbursements	1500.00	3500.00
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)) ..	66928.10	194266.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66928.10	194266.88

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)	51636.21	229048.67
34. Total Contribution Refunds (from Line 28(d))	1000.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50636.21	227798.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	428.10	1016.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	339.70
38. Net Operating Expenditures (subtract Line 37 from Line 36)	428.10	677.18

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 94
<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. Robert R. Abens 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A4C39E4AABFD0456195B
 Amount of Each Receipt this Period
 250.00

B. Mr. Don H. Adams CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 571310
 City Murray State UT Zip Code 84157-1310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bear River Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : AD857BE08CDE14210AE9
 Amount of Each Receipt this Period
 250.00

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 Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015
Transaction ID : A6B578AC444BB4AFD97C
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	585.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 94
(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. Mark V. Afable

Mailing Address 440 S Executive Dr

City State Zip Code
 Brookfield WI 53005-4283

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

Name of Employer Occupation
 American Family Mutual Insurance Compa Vice President, Government Affairs/Com

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
 05 / 12 / 2015

Transaction ID : A085ACEAB579244DD836

Amount of Each Receipt this Period
 500.00

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

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 Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A63D233A504874E3B82C

Amount of Each Receipt this Period
 30.00

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

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 Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A279471BC9A84403EAFE

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.00

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 8 OF 94
(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. Todd E. Albert
 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 Chief Information Officer
 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
 05 / 26 / 2015
Transaction ID : A5BDBDCB7F6AA41F6877
 Amount of Each Receipt this Period
 30.00

B. Mr. Thomas Alighieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City State Zip Code
 Dedham MA 02026-1850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance Treasurer
 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
 05 / 15 / 2015
Transaction ID : AE1B2DAA0457F4ED39F0
 Amount of Each Receipt this Period
 20.00

C. Mr. Neil Aldredge
 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 Senior Vice President - State and Poli
 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
 05 / 04 / 2015
Transaction ID : A900A3D1D45324553B45
 Amount of Each Receipt this Period
 40.00

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:	PAGE 9 OF 94
	(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. Neil Alldredge
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President - State and Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
05 / 15 / 2015
Transaction ID : A4BF7A3128509449198D

Amount of Each Receipt this Period
400.00

B. Mr. Neil Alldredge
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice President - State and Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Date of Receipt
05 / 29 / 2015
Transaction ID : AB95DA16C98814A91A40

Amount of Each Receipt this Period
40.00

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

City Lansing	State MI	Zip Code 48917-3968
FEC ID number of contributing federal political committee. C		
Name of Employer Auto-Owners Insurance Company	Occupation Vice President-Personnel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt
05 / 07 / 2015
Transaction ID : AB44CC41920C947AF835

Amount of Each Receipt this Period
65.00

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 10 OF 94
	<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. Dan Anderson PFMM

Mailing Address **PO Box 276**

City **Canton** State **SD** Zip Code **57013-0276**

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

Name of Employer **Farm Mutual Insurance Company of Linco** Occupation **Secretary/Treasurer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
05 / 04 / 2015
Transaction ID : A536A98E647B54035B5D

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. James Asher

Mailing Address **57 Washington St**

City **Quincy** State **MA** Zip Code **02169-5303**

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

Name of Employer **Quincy Mutual Fire Insurance Company** Occupation **Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
05 / 12 / 2015
Transaction ID : A5D8F7230EA54419B810

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **210.00**

Date of Receipt
05 / 07 / 2015
Transaction ID : A05119DF8EF6542EDAD9

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **542.00**

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 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

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

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2015
Transaction ID : A3E682B7EBBA142AEBCE2

Amount of Each Receipt this Period 50.00

B. Ms. Jennifer Behne
Full Name (Last, First, Middle Initial)

Mailing Address 118 Downtown Plz

City Fairmont State MN Zip Code 56031-1709

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Administrative Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2015
Transaction ID : A4690BA3FA2894B6A888

Amount of Each Receipt this Period 250.00

C. Chris Belcher
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 Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt 05 / 04 / 2015
Transaction ID : A1DC814F1ACE7409C8AE

Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 362.50

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 12 OF 94
	<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. Chris Belcher
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 Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **05 / 20 / 2015**

Transaction ID : ADA5157CCF34440CBA4F

Amount of Each Receipt this Period **62.50**

B. Mr. Walter Bennett
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 Vice President, Underwriting & Actuari

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **05 / 29 / 2015**

Transaction ID : A171F4EF5D1B74729A5B

Amount of Each Receipt this Period **84.00**

C. Mr. John S. Benson
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1170.00**

Date of Receipt **05 / 08 / 2015**

Transaction ID : AB473C57A0006499FBB0

Amount of Each Receipt this Period **117.00**

SUBTOTAL of Receipts This Page (optional)..... **263.50**

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 13 OF 94
	<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. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1287.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : A514F35CDA2C4439097E
 Amount of Each Receipt this Period
 117.00

B. Mr. Brian Benzel
 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 Board Member
 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
 05 / 04 / 2015
Transaction ID : A8F9162A8054347D4A21
 Amount of Each Receipt this Period
 250.00

C. Ms. Jean Betz
 Full Name (Last, First, Middle Initial)
 Mailing Address 12738 Prairie Ridge Rd
 City Caledonia State MN Zip Code 55921-8608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mound Prairie Mutual Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A8F1EF543FC2143FF942
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	617.00
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 14 OF 94
	(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. 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
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A11C3FCB48BD04F8CA2A
 Amount of Each Receipt this Period
250.00

B. Mr. Todd Boyer
 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 Assistant Vice President, Marketing
 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
 05 / 15 / 2015
Transaction ID : A776CF84C46F248E0BDD
 Amount of Each Receipt this Period
250.00

c. Mr. Steven Briggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Washington St
 City Quincy State MA Zip Code 02169-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quincy Mutual Fire Insurance Company Occupation Senior Vice President, Claims
 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
 05 / 12 / 2015
Transaction ID : AED7D6A7F103A44F6825
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 94
	<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. Mike A. Brogan

Mailing Address **PO Box 111**

City Bucyrus	State OH	Zip Code 44820-0111
------------------------	--------------------	-------------------------------

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

Name of Employer Ohio Mutual Insurance Company	Occupation Vice President of Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : A6BE9883794024315A66

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
B. Mr. Rod Brooks

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 Vice President-Chief Marketing Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : A85B3D31CBA3441C9907

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)
C. Ms. Susan Burmeister

Mailing Address **118 Downtown Plz**

City Fairmont	State MN	Zip Code 56031-1709
-------------------------	--------------------	-------------------------------

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

Name of Employer Fairmont Farmers Mutual Insurance Comp	Occupation Office Assistant
---	---------------------------------------

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
05	/	04	/	2015

Transaction ID : AA5B3F2DA0E3146B8886

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 94
<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. Ginny Caro
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 CopperPoint Mutual Insurance Company Occupation Vice President of Claims Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.60

Date of Receipt 05 / 14 / 2015
Transaction ID : A3C6CE3B698F74ACC953
Amount of Each Receipt this Period 41.66

B. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 68700
City Indianapolis State IN Zip Code 46268-0700
FEC ID number of contributing federal political committee. **C**
Name of Employer National Association of Mutual Insuran Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 810.00

Date of Receipt 05 / 04 / 2015
Transaction ID : AB52A9C16E02342D5BD0
Amount of Each Receipt this Period 90.00

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 ▼ 900.00

Date of Receipt 05 / 15 / 2015
Transaction ID : A04DAC18C968B46FEBBA
Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.66
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 94
(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. William Clumpner

Mailing Address PO Box 778

City State Zip Code
 Seattle WA 98111-0778

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

Name of Employer Occupation
 PEMCO Mutual Insurance Company General Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A72E6BD7920D54700A71

Amount of Each Receipt this Period
 300.00

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

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

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

Name of Employer Occupation
 Ohio Mutual Insurance Company IT Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : AE5CF521C1BF943FBB6D

Amount of Each Receipt this Period
 39.00

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

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

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

Name of Employer Occupation
 Ohio Mutual Insurance Company IT Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : ACC7BD08D7AD04008985

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 378.00

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 19 OF 94
(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. Mark Coe

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

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

Name of Employer Occupation
Ohio Mutual Insurance Company IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : A6FCA427A3F0841E79FD

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Ms. Linda Cowan

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A9B82A61216CF4669998

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
c. Mr. William C. Craine

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

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

Name of Employer Occupation
Preferred Mutual Insurance Company Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2015
Transaction ID : A51E131C670E8459CBF3

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 889.00

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 20 OF 94
	(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. Erin M. Cummings CPCU, AIS,
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 Vice President, Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2015
Transaction ID : A961B51AE87D44FF9BF8
Amount of Each Receipt this Period 500.00

B. Mr. Tom Danielson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 708
City Houston State MN Zip Code 55943-0708
FEC ID number of contributing federal political committee. **C**
Name of Employer Mound Prairie Mutual Insurance Company Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2015
Transaction ID : A0BF89805CA4E4F3DA42
Amount of Each Receipt this Period 250.00

C. Mr. Dan DeArment PFMM
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 646
City Bedford State PA Zip Code 15522-0646
FEC ID number of contributing federal political committee. **C**
Name of Employer Friends Cove Mutual Insurance Company Occupation President/CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 18 / 2015
Transaction ID : A736CBD7905F6495FB78
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 94
<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. David DeGeorge
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 CopperPoint Mutual Insurance Company Occupation Application Development Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 14 / 2015
Transaction ID : A4B7093D068DF4EA98F4

Amount of Each Receipt this Period 208.30

B. Mr. Rick DeGraw
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 CopperPoint Mutual Insurance Company Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt 05 / 14 / 2015
Transaction ID : A40E1708FB4504D7E9F5

Amount of Each Receipt this Period 416.60

C. Ms. Rebekah L. Deters
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 207

City Teutopolis State IL Zip Code 62467-0207

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

Name of Employer Home Farmers Mutual Insurance Company Occupation Office Manager/Secretary/Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 05 / 13 / 2015
Transaction ID : A86F327F00FC645BEA91

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 137.49

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 22 OF 94
(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 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 391.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : ADA7BE88FBFD444B784C
 Amount of Each Receipt this Period
 43.48

B. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 434.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A737D148F495B4838B33
 Amount of Each Receipt this Period
 43.48

c. Mr. Robert Detlefsen PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 478.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : AE919EDF8F6354614A2F
 Amount of Each Receipt this Period
 43.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.44
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 94
	<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 W. Drier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3337
 City Peoria State IL Zip Code 61612-3337
 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 ▼ 375.00

Date of Receipt 05 / 07 / 2015
Transaction ID : A3465A102195040929D7
 Amount of Each Receipt this Period 75.00

B. Mr. Randall K. Druvenga PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 385
 City Denver State IA Zip Code 50622-0385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Maxfield Mutual Insurance Associ Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 06 / 2015
Transaction ID : A8977CA74776140FF938
 Amount of Each Receipt this Period 150.00

C. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.44

Date of Receipt 05 / 04 / 2015
Transaction ID : AA770D9F183044C28B11
 Amount of Each Receipt this Period 96.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 321.16
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Gregg A. Dykstra J.D.			Date of Receipt
Mailing Address 3601 Vincennes Rd			<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A223E47AF3C314E34ADF
Indianapolis	IN	46268-1154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="96.16"/>
Name of Employer	Occupation		
National Association of Mutual Insuran	Chief Operating Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="961.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Gregg A. Dykstra J.D.			Date of Receipt
Mailing Address 3601 Vincennes Rd			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : AA731822F56F4470DAFF
Indianapolis	IN	46268-1154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="96.16"/>
Name of Employer	Occupation		
National Association of Mutual Insuran	Chief Operating Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1057.76"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Mr. Fred A. Edmond CPCU, CIC			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A1EA8422F59714C7497A
Frankenmuth	MI	48787-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="77.00"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	President & COO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="770.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="269.32"/>
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: (check only one)	PAGE 25 OF 94
	<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. Fred A. Edmond CPCU, CIC
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-1000

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

Name of Employer Frankenmuth Mutual Insurance Company Occupation President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **847.00**

Date of Receipt **05 / 22 / 2015**

Transaction ID : A84ECCCE9E6A74759818

Amount of Each Receipt this Period **77.00**

B. Ms. Kristin Eichhorn
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 Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 04 / 2015**

Transaction ID : AE0A4C30537254124A49

Amount of Each Receipt this Period **250.00**

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 Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 07 / 2015**

Transaction ID : A8D850669710349BB84E

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **427.00**

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 26 OF 94
	<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

Full Name (Last, First, Middle Initial) A. Mr. Mark H. Ewert		Date of Receipt
Mailing Address 20935 Swenson Dr Ste 200		M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2015
City Waukesha	State WI	Zip Code 53186-2057
FEC ID number of contributing federal political committee. C		Transaction ID : A5A521DB12C7C4CA4B0A
Name of Employer: Partners Mutual Insurance Company		Amount of Each Receipt this Period
Occupation: Executive Vice President, Treasurer &		110.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		440.00

Full Name (Last, First, Middle Initial) B. Mr. Stephen F. Fabian		Date of Receipt
Mailing Address 200 N Main St		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2015
City Bel Air	State MD	Zip Code 21014-3554
FEC ID number of contributing federal political committee. C		Transaction ID : AABC3882F0324BA9BBC
Name of Employer: Harford Mutual Insurance Company		Amount of Each Receipt this Period
Occupation: Vice President, Chief Information Offi		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		499.98

Full Name (Last, First, Middle Initial) C. Mr. Michael L. Faron CPCU		Date of Receipt
Mailing Address 222 Ames St		M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015
City Dedham	State MA	Zip Code 02026-1850
FEC ID number of contributing federal political committee. C		Transaction ID : AE4B0190EA1DF45FC84C
Name of Employer: Norfolk & Dedham Mutual Fire Insurance		Amount of Each Receipt this Period
Occupation: Commercial Lines Division Manager		40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		380.00

SUBTOTAL of Receipts This Page (optional).....▶	233.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr. Michael L. Faron CPCU		Date of Receipt
Mailing Address 222 Ames St		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dedham	MA	02026-1850
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A99C0A36E22AD4ABE812
Name of Employer	Occupation	Amount of Each Receipt this Period
Norfolk & Dedham Mutual Fire Insurance	Commercial Lines Division Manager	<input type="text" value="40.00"/>
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) B. Mr. Scott A. Figgins		Date of Receipt
Mailing Address PO Box 2227		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fort Wayne	IN	46801-2227
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3449348820AC4F538D8
Name of Employer	Occupation	Amount of Each Receipt this Period
Brotherhood Mutual Insurance Company	Vice President Claims and Underwriting	<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="250.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Gayle Fisher		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC05A2237BF05419AA66
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Assistant Vice President-Life Operatio	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
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 28 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Brad Fortner PFMM, FMDC
 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 Protective Mutual Insurance Co Occupation Chief Operations Officer/Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : AE78FE4FA34E44C8E987
 Amount of Each Receipt this Period
 100.00

B. Mr. Brad Fortner PFMM, FMDC
 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 Protective Mutual Insurance Co Occupation Chief Operations Officer/Secretary
 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
 05 / 20 / 2015
Transaction ID : A3429CB3F5C3B444396D
 Amount of Each Receipt this Period
 100.00

c. Mr. Benjamin Galloway
 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 Senior Vice President & CRO
 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
 05 / 04 / 2015
Transaction ID : A3B8A2404D1FE4E0DB56
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 94
	<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. Benjamin Galloway
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 Senior Vice President & CRO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 20 / 2015
Transaction ID : AE3123FBECDEE4298A65

Amount of Each Receipt this Period 40.00

B. Mr. Randy Gerdes
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 CopperPoint Mutual Insurance Company Occupation Vice President of Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.80

Date of Receipt 05 / 14 / 2015
Transaction ID : AD8B91310BF164548A2A

Amount of Each Receipt this Period 20.88

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

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-1000

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 ▼ 384.70

Date of Receipt 05 / 08 / 2015
Transaction ID : AFFDDEB18FD064FBBB2F

Amount of Each Receipt this Period 38.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.35

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 30 OF 94
	(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. Mr. Bryan Gilleland
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-1000
 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 ▼ 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : A26A760E2D79F4769956
 Amount of Each Receipt this Period
 38.47

B. Mr. Joseph A. Giovino
 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 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
 05 / 12 / 2015
Transaction ID : AF80E5F98B47A49B2944
 Amount of Each Receipt this Period
 500.00

C. Ms. Yvette Gonzales
 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 CopperPoint Mutual Insurance Company Occupation Senior Vice President & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : A872A87D502A74282991
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	580.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 94
	<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. John Goodin

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 Assistant Vice President Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A33D36D72C5404992B2F

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
B. Mr. Jimi Grande

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 ▼ **1022.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : AF2C26717AF0A45569B1

Amount of Each Receipt this Period
113.64

Full Name (Last, First, Middle Initial)
C. Mr. Jimi Grande

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 ▼ **1136.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A9A165D9D833D4F9B910

Amount of Each Receipt this Period
113.64

SUBTOTAL of Receipts This Page (optional)..... **268.94**

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 32 OF 94
	<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. 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 **1250.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015
Transaction ID : A952402B84491413BAC7
 Amount of Each Receipt this Period
113.64

B. Mr. Aaron Grove PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 186
 City Underwood State MN Zip Code 56586-0186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sverdrup 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
05 / 07 / 2015
Transaction ID : ADED19B25FD5042D8BAD
 Amount of Each Receipt this Period
500.00

C. Mr. David Grove
 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 Assistant Vice President
 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
05 / 04 / 2015
Transaction ID : AD087A62F3A1E431DBE5
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	633.64
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 33 OF 94
	<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 Grove
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	Assistant Vice President

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
05	/	04	/	2015

Transaction ID : AE5CE181B1112431B96C

Amount of Each Receipt this Period

20.00

B. Mr. David Grove
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	Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : A6ABA796C1A1E43F0A94

Amount of Each Receipt this Period

20.00

C. Ms. Patricia Gruntzel
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	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
05	/	04	/	2015

Transaction ID : AE209FC227C164C2E823

Amount of Each Receipt this Period

250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 94
	<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. Clarence Guinn CPA
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 489

City Rogers State AR Zip Code 72757-0489

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

Name of Employer Farmers Protective Mutual Insurance Co Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 26 / 2015
Transaction ID : ACB8EDE4A034B475B91A

Amount of Each Receipt this Period
1000.00

B. Mr. John Hair
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 Federal Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
05 / 04 / 2015
Transaction ID : AB3970900AD76454A8C8

Amount of Each Receipt this Period
40.00

C. Mr. John Hair
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 Federal Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
05 / 15 / 2015
Transaction ID : AD2425AAEE591438AAD4

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1080.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 94
<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. John Hair		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : AF95C0664569F42398CB
Mailing Address 122 C St NW Ste 540		Amount of Each Receipt this Period 400.00
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 Federal Affairs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Mr. William Hanby		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 Transaction ID : A3C6618457BB148FD8A3
Mailing Address PO Box 5626		Amount of Each Receipt this Period 60.00
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 Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas A. Harris		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 Transaction ID : A007410BC03814646857
Mailing Address 57 Washington St		Amount of Each Receipt this Period 250.00
City Quincy	State MA	Zip Code 02169-5303
FEC ID number of contributing federal political committee. C		
Name of Employer Quincy Mutual Fire Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 36 OF 94
(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. Rich Hawkins

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, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A6DA5536B697C4AE5AA3

Amount of Each Receipt this Period
 77.00

Full Name (Last, First, Middle Initial)
B. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance President & CEO

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
 05 / 01 / 2015

Transaction ID : A46857D762E0A479A9A6

Amount of Each Receipt this Period
 45.00

Full Name (Last, First, Middle Initial)
c. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
 Dedham MA 02026-1850

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

Name of Employer Occupation
 Norfolk & Dedham Mutual Fire Insurance President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : A0160ECB84C764DD489C

Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.00

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 94
	<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. Scott Hemme
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 597

City Warrensburg State MO Zip Code 64093-0597

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

Name of Employer CFM Insurance, Inc. Occupation Sytems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : A971A689E418F45E7B50

Amount of Each Receipt this Period
375.00

B. Ms. Tammy Herzog
Full Name (Last, First, Middle Initial)

Mailing Address 118 Downtown Plz

City Fairmont State MN Zip Code 56031-1709

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Inspections Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : A1666441CF675491DB05

Amount of Each Receipt this Period
250.00

C. Ms. Katherine Hesse
Full Name (Last, First, Middle Initial)

Mailing Address 57 Washington St

City Quincy State MA Zip Code 02169-5303

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

Name of Employer Quincy Mutual Fire 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
05 / 12 / 2015

Transaction ID : A604D3211AC484649B16

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **875.00**

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 94
	<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. Shirley Hodgson
 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 **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : AF9240A85D6154C158B3
 Amount of Each Receipt this Period
300.00

B. Mr. Timothy R. Hyle 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 Vice President, Finance & Risk Managem
 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
 05 / 12 / 2015
Transaction ID : A3865F38CBA474A26A3A
 Amount of Each Receipt this Period
50.00

C. Mr. Benjamin Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Downtown Plz
 City Fairmont State MN Zip Code 56031-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Supervisor, Claims and Loss Prevention
 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
 05 / 04 / 2015
Transaction ID : AF9ECFAAB469D4171B99
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	650.00
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 39 OF 94
	<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. Theresa Jakubick
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : A5AE7455D537942BCBF5

Amount of Each Receipt this Period
20.00

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : A7CC62C4F1725477098A

Amount of Each Receipt this Period
20.00

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

Mailing Address PO Box 111

City Bucyrus State OH Zip Code 44820-0111

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

Name of Employer Ohio Mutual Insurance Company Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : AF4F61B83A2E549F9AE5

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **60.00**

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

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

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

FOR LINE NUMBER: PAGE 40 OF 94
(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. Rick Jones

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 CopperPoint Mutual Insurance Company Occupation Executive Vice President, COO & Presid

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 14 / 2015**
Transaction ID : A9DDA85C71C02420D9B8

Amount of Each Receipt this Period **41.67**

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

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 Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **409.14**

Date of Receipt **05 / 04 / 2015**
Transaction ID : A875995D139F143B5B9A

Amount of Each Receipt this Period **45.46**

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

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 Federal Affairs Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **454.60**

Date of Receipt **05 / 15 / 2015**
Transaction ID : AF8DFB59880574E2B869

Amount of Each Receipt this Period **45.46**

SUBTOTAL of Receipts This Page (optional)..... **132.59**

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 94
	<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. Thomas Karol
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 Federal Affairs Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.06

Date of Receipt
05 / 29 / 2015
Transaction ID : A9EA8EB034792471CADC

Amount of Each Receipt this Period
45.46

B. Mr. David Kaufman
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 & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 04 / 2015
Transaction ID : AED6219B751314C14A43

Amount of Each Receipt this Period
2500.00

C. Mr. Frank P. Kellner III
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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 ▼
249.96

Date of Receipt
05 / 15 / 2015
Transaction ID : A3BD026F274404B81859

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	2587.12
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 94
	<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. Jami Kelly			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : AED67D2E7448142B59B3
Frankenmuth	MI	48787-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="390.00"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Jami Kelly			Date of Receipt
Mailing Address One Mutual Avenue			<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A6EB4C71C34C34E3F8E8
Frankenmuth	MI	48787-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="390.00"/>
Name of Employer	Occupation		
Frankenmuth Mutual Insurance Company	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="429.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Sherry Kidwell			Date of Receipt
Mailing Address PO Box 111			<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A9AD6ABC97B0147ECA4D
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="20.00"/>
Name of Employer	Occupation		
United Ohio Insurance Company	Manager of Application		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="98.00"/>
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 43 OF 94
	<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. Sherry Kidwell
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 United Ohio Insurance Company	Occupation Manager of Application
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : ADF A0A1D3C6F2493D9F5

Amount of Each Receipt this Period
20.00

B. Ms. Sherry Kidwell
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 United Ohio Insurance Company	Occupation Manager of Application
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : A8A87B34820654C87A54

Amount of Each Receipt this Period
20.00

C. Ms. Terri Kietzer
Full Name (Last, First, Middle Initial)

Mailing Address 118 Downtown Plz

City Fairmont	State MN	Zip Code 56031-1709
------------------	-------------	------------------------

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

Name of Employer Fairmont Farmers Mutual Insurance Comp	Occupation Office Assistant
--	--------------------------------

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
05 / 04 / 2015

Transaction ID : ACCA5FFE8C21045CA988

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 44 OF 94
	<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. 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 ▼ **225.00**

Date of Receipt **05 / 07 / 2015**

Transaction ID : A488614FFC64245CFA45

Amount of Each Receipt this Period **45.00**

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 ▼ **375.00**

Date of Receipt **05 / 07 / 2015**

Transaction ID : AF56F3FAD67E94EECB10

Amount of Each Receipt this Period **75.00**

C. Mr. Andrew Knudsen
Full Name (Last, First, Middle Initial)

Mailing Address One Mutual Avenue

City Frankenmuth State MI Zip Code 48787-1000

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **05 / 08 / 2015**

Transaction ID : A6E2C01BC4A3B444CAC2

Amount of Each Receipt this Period **38.00**

SUBTOTAL of Receipts This Page (optional)..... **158.00**

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 94
	<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. Andrew Knudsen
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : ACD9AB38DDEF24093929
 Amount of Each Receipt this Period
 38.00

B. Mr. Leroy Kohlmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 708
 City Houston State MN Zip Code 55943-0708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mound Prairie Mutual Insurance Company Occupation 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
 05 / 04 / 2015
Transaction ID : A1134EC2FEFD14298831
 Amount of Each Receipt this Period
 250.00

C. 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A45A7D2AF1F1E424E8D5
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	538.00
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 46 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Ms. Theresa Lewis

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 Secretary-Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : AE26450A00234425DAB3

Amount of Each Receipt this Period
41.66

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

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 President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : A1B3169DEE10B41B7815

Amount of Each Receipt this Period
208.26

Full Name (Last, First, Middle Initial)
C. Mr. Brian D. Lopata

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 SVP, Profit Center Operations & Custom

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : A5AFB884FF67F48AFA03

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **329.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

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 ▼ **384.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

Transaction ID : ABD2244BC716540F7819

Amount of Each Receipt this Period

76.94

B. Mr. Tim Lynch
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : A776D48F09F4F4410B23

Amount of Each Receipt this Period

41.67

C. Mr. Wilbur J. Maas PFMM
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 812

City	State	Zip Code
Hull	IA	51239-0812

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

Name of Employer	Occupation
Farmers Mutual Insurance Association o	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1075.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : A817085257ECA436797D

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional).....▶	193.61
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 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Mr. James Macallen		Date of Receipt MM / DD / YYYY 05 / 13 / 2015 Transaction ID : ACFBA3793D43945F4BB3
Mailing Address 57 Washington St		Amount of Each Receipt this Period 250.00
City Quincy	State MA	Zip Code 02169-5303
FEC ID number of contributing federal political committee. C		
Name of Employer Quincy Mutual Fire Insurance Company	Occupation Director	
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. Mr. Aaron Madison		Date of Receipt MM / DD / YYYY 05 / 14 / 2015 Transaction ID : A7DC9685EEFEC49C1ACE
Mailing Address 4445 Corporate Dr		Amount of Each Receipt this Period 225.00
City West Des Moines	State IA	Zip Code 50266-5930
FEC ID number of contributing federal political committee. C		
Name of Employer IMT Insurance Company	Occupation Manager, Business Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mr. Aaron Madison		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 Transaction ID : A7389471B20944C25B77
Mailing Address 4445 Corporate Dr		Amount of Each Receipt this Period 25.00
City West Des Moines	State IA	Zip Code 50266-5930
FEC ID number of contributing federal political committee. C		
Name of Employer IMT Insurance Company	Occupation Manager, Business Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 49 OF 94
	(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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2015
Transaction ID : AA1946FE66C8F492F86C

Amount of Each Receipt this Period
100.00

B. Mrs. Stacey Matteson
Full Name (Last, First, Middle Initial)
Mailing Address 1901 Bragaw St
Ste 100

City Anchorage	State AK	Zip Code 99508-3471
FEC ID number of contributing federal political committee. C		
Name of Employer Umialik Insurance Company	Occupation Director of Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015
Transaction ID : A0066FDB4776E4972868

Amount of Each Receipt this Period
40.00

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

City Frankenmuth	State MI	Zip Code 48787-1000
FEC ID number of contributing federal political committee. C		
Name of Employer Frankenmuth Mutual Insurance Company	Occupation Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.70	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : A1F5E63D8691D4639930

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional).....▶	178.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 94
	(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. Phil McCain
Full Name (Last, First, Middle Initial)
Mailing Address One Mutual Avenue
City Frankenmuth State MI Zip Code 48787-1000
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 ▼ 423.17

Date of Receipt
MM / DD / YYYY
05 / 22 / 2015
Transaction ID : A2B807A4A43864145AD3
Amount of Each Receipt this Period
38.47

B. Mr. Dan McGrady
Full Name (Last, First, Middle Initial)
Mailing Address 1501 S Capitol Way Ste 201
City Olympia State WA Zip Code 98501-2200
FEC ID number of contributing federal political committee. **C**
Name of Employer PEMCO Mutual Insurance Company Occupation Director of Government Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2015
Transaction ID : A5860809C70E14FE2BB8
Amount of Each Receipt this Period
250.00

C. Ms. Sherry L. McKenzie AAM, AIS
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30660
City Lansing State MI Zip Code 48909-8160
FEC ID number of contributing federal political committee. **C**
Name of Employer Auto-Owners Insurance Company Occupation Assistant Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2015
Transaction ID : A3B65BFE253CA4BFAAB5
Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	363.47
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 51 OF 94
(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. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-1000
 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 ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : ACA23BF14DED14CFD978
 Amount of Each Receipt this Period
 38.50

B. Mr. Brian S. McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-1000
 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 ▼ 423.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : A732D419CF9844E1983E
 Amount of Each Receipt this Period
 38.50

C. 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 M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A7284C18AC5B94EC2876
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 827.00
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 52 OF 94
	<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. Kevin M. Meskell
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Washington St
 City Quincy State MA Zip Code 02169-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quincy Mutual Fire Insurance Company Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 13 / 2015**
Transaction ID : AA2CDB974497D4F8B815
 Amount of Each Receipt this Period **2500.00**

B. 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 **225.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : A8F933F88CAB64020830
 Amount of Each Receipt this Period **45.00**

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

Date of Receipt **05 / 04 / 2015**
Transaction ID : ADCA365814BC940B88FE
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **2585.00**
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 53 OF 94
(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 Indianapolis State IN Zip Code 46268-0700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Vice President - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A10635A887CAD4E8F920
 Amount of Each Receipt this Period
 400.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A89A2F4190F4446CCB50
 Amount of Each Receipt this Period
 40.00

c. Mr. Stephen H. Miller CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Eastlake Ave E
 City Seattle State WA Zip Code 98109-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEMCO Mutual Insurance Company Occupation Vice President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : A9ED42D23861748B1BDE
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 580.00
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 94
	<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. 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 ▼
495.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	04	/	2015

Transaction ID : A1CB069B200944832AA0

Amount of Each Receipt this Period
45.00

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 ▼
495.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	04	/	2015

Transaction ID : A5F52FF7E5A8C422D90F

Amount of Each Receipt this Period
45.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	26	/	2015

Transaction ID : A0424CBE64FE84765BAA

Amount of Each Receipt this Period
45.00

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:	PAGE 55 OF 94
	(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. James J. Moran Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Washington St
 City Quincy State MA Zip Code 02169-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quincy Mutual Fire Insurance Company Occupation Vice President and General Counsel
 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
 05 / 12 / 2015
Transaction ID : A79112B7488104D3A971
 Amount of Each Receipt this Period
250.00

B. 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 Senior Vice President - Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015
Transaction ID : AF285677EEC654631BA4
 Amount of Each Receipt this Period
85.00

C. Mr. Joel P. Murray
 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 Vice President, Personal Lines & Marke
 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
 05 / 15 / 2015
Transaction ID : A4702F5C6C6134BFB9FB
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	355.00
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 56 OF 94
(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. Brent Nelson
 Mailing Address 3030 N 3rd St
 City State Zip Code
 Phoenix AZ 85012-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CopperPoint Mutual Insurance Company Chief Financial Officer & Executive Vi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : A2749F3E1994D4E8DA44
 Amount of Each Receipt this Period
 208.84

Full Name (Last, First, Middle Initial)
B. Mr. Eric Nelson
 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 President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : AAF576DB13FDA4A19A78
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mr. Donald H. Nikolaus
 Mailing Address PO Box 302
 City State Zip Code
 Marietta PA 17547-0302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Donegal Mutual Insurance Company President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : AB6854C8694CD4EABA5A
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 94
	<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. Robert F. Ohler		Date of Receipt
Mailing Address 200 N Main St		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bel Air	MD	21014-3554
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD7F8ECC845546E790E
Name of Employer	Occupation	Amount of Each Receipt this Period
Harford Mutual Insurance Company	Executive Vice President	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Paul Otto		Date of Receipt
Mailing Address PO Box 30660		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lansing	MI	48909-8160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A0D68D6822FD64B19B44
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto-Owners Insurance Company	Vice President, Financial Accounting	<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="250.00"/>	

Full Name (Last, First, Middle Initial) c. Ms. Sandra G. Parrillo CPCU		Date of Receipt
Mailing Address PO Box 6066		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
Providence	RI	02940-6066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ADCFF2C5EFDC541019B2
Name of Employer	Occupation	Amount of Each Receipt this Period
Providence Mutual Fire Insurance Compa	President & CEO	<input type="text" value="90.00"/>
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="223.34"/>
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 58 OF 94
	(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. John A. Paul PFMM, FMDC
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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : AE512C0E4B67741B3861

Amount of Each Receipt this Period
 150.00

B. Ms. Mary S. Pierce
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 ▼ 291.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : AF9C14DB7E8AD46EDB27

Amount of Each Receipt this Period
 58.33

c. Mr. Curt Priem
Full Name (Last, First, Middle Initial)

Mailing Address 118 Downtown Plz

City Fairmont State MN Zip Code 56031-1709

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Loss Control

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A0D47B53A1E1C463BB44

Amount of Each Receipt this Period
 340.00

SUBTOTAL of Receipts This Page (optional).....▶	548.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 94
	<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. Roger Reimer
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 ▼ 300.00

Date of Receipt
05 / 04 / 2015
Transaction ID : AD850F0F0962A4430A1B

Amount of Each Receipt this Period
300.00

B. Ms. Mary Reinke
Full Name (Last, First, Middle Initial)

Mailing Address 118 Downtown Plz

City Fairmont State MN Zip Code 56031-1709

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

Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Underwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 06 / 2015
Transaction ID : A76F3AF14D1D44E1FAE9

Amount of Each Receipt this Period
250.00

C. Mr. Steve Ricco
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 CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 04 / 2015
Transaction ID : AC7FAC7CFF89B42FAA13

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 94
	<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. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt **05 / 07 / 2015**

Transaction ID : AFCFB31B479AA45E3BD

Amount of Each Receipt this Period **83.33**

B. Mr. Jeff Rink
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 Director of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.96**

Date of Receipt **05 / 15 / 2015**

Transaction ID : A71D8D6D90BB04F509F7

Amount of Each Receipt this Period **41.66**

C. Mr. Borje Saxberg
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 **05 / 04 / 2015**

Transaction ID : AA16506DB990A41988AB

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **374.99**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 94
	<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. Kenneth Schroeder			Date of Receipt
Mailing Address PO Box 30660			<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A79CFD661A7CD4BA98FB
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="50.00"/>
Name of Employer	Occupation		
Auto-Owners Insurance Company	Senior Vice President, Commercial Unde		
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 C. Schumacher			Date of Receipt
Mailing Address PO Box 30660			<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : AD975245BC1ED463ABBE
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="42.00"/>
Name of Employer	Occupation		
Auto-Owners Insurance Company	Director - Agency Systems		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Ms. Phyllis Senseman LUTCF			Date of Receipt
Mailing Address 3030 N 3rd St			<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : AE40B6B5938C64F5EA09
Phoenix	AZ	85012-3074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.84"/>
Name of Employer	Occupation		
CopperPoint Mutual Insurance Company	Vice President Marketing and Communica		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.40"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="112.84"/>
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 62 OF 94
(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. Scott Seymour
 Full Name (Last, First, Middle Initial)
 Mailing Address 6000 American Parkway
 City Madison State WI Zip Code 53783-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Family Mutual Insurance Compa Occupation Vice President Corporate Legal and Reg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2015
Transaction ID : A054A76784FAF4BEBA81
 Amount of Each Receipt this Period 500.00

B. 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 COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 12 / 2015
Transaction ID : A0D81ACBCD3D3408E86D
 Amount of Each Receipt this Period 115.50

C. Mr. John Sheskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Washington St
 City Quincy State MA Zip Code 02169-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quincy Mutual Fire Insurance Company Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2015
Transaction ID : ADFA0A20CB5C744DCB07
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.50
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 63 OF 94
	<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. Christopher G. Shipe CPCU, AIT
 Full Name (Last, First, Middle Initial)
 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 ▼ 2000.00

Date of Receipt 05 / 08 / 2015
Transaction ID : AA9A07156BA68464F8AA
 Amount of Each Receipt this Period 1000.00

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 CopperPoint Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 14 / 2015
Transaction ID : ACCD5B0A209D041A5ABE
 Amount of Each Receipt this Period 105.00

C. Mr. John K. Smith CRM, CIC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Market St Ste 1200
 City Philadelphia State PA Zip Code 19103-7008
 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 ▼ 855.00

Date of Receipt 05 / 26 / 2015
Transaction ID : A9446B37D99AB4280BED
 Amount of Each Receipt this Period 285.00

SUBTOTAL of Receipts This Page (optional).....▶	1390.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 94
	<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 Vice President of Federal and Politica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.14

Date of Receipt
05 / 04 / 2015
Transaction ID : A2E4DC2CAB590438A9B6

Amount of Each Receipt this Period
45.46

B. 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 Vice President of Federal and Politica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.60

Date of Receipt
05 / 15 / 2015
Transaction ID : AEE9E991021594BA2B13

Amount of Each Receipt this Period
45.46

C. 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 Vice President of Federal and Politica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.06

Date of Receipt
05 / 29 / 2015
Transaction ID : AE5EEED2B84644CC28C1

Amount of Each Receipt this Period
45.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.38

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 94
<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. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : A17D83FB33D7C4C3BA87

Amount of Each Receipt this Period

90.00

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : AA119BF569B4843F5938

Amount of Each Receipt this Period

20.00

C. Mr. Robert G. Street AIM
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 NE Casualty Claims Division Manager
--	---

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
05	/	15	/	2015

Transaction ID : A4BAAE09F7E8144ECAE4

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 66 OF 94
<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. Paul G. Stueven PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Downtown Plz
 City Fairmont State MN Zip Code 56031-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation COO/Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 05 / 13 / 2015
Transaction ID : AE3F5637327B44285823
 Amount of Each Receipt this Period 150.00

B. Ms. Marlene Stueven
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Downtown Plz
 City Fairmont State MN Zip Code 56031-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairmont Farmers Mutual Insurance Comp Occupation Administrative Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2015
Transaction ID : ABE9FC35465E64F8BB78
 Amount of Each Receipt this Period 500.00

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 ▼ 865.35

Date of Receipt 05 / 04 / 2015
Transaction ID : AA92E2C54D30F4D00BC1
 Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional).....▶	746.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. 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 ▼ 961.50	

Date of Receipt
05 / 15 / 2015
Transaction ID : AB9DDED9DEBCD44DF98
Amount of Each Receipt this Period
96.15

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1057.65	

Date of Receipt
05 / 29 / 2015
Transaction ID : A738949AB3A4A4167879
Amount of Each Receipt this Period
96.15

C. Mr. Terry Suttner
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 - Membership/Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt
05 / 04 / 2015
Transaction ID : AB89E72C008F74BCEB57
Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	232.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 94
	<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. Terry Suttner
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 - Membership/Insurance

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
05 / 15 / 2015

Transaction ID : A86C6B6E2B5C1476DAC6

Amount of Each Receipt this Period
400.00

B. Mr. Terry Suttner
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 - Membership/Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : A31AACB9B59164469A51

Amount of Each Receipt this Period
40.00

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : A862E2D495A5E40C0A0C

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 69 OF 94
(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. 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 & Policy Affairs Counsel

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
 05 / 29 / 2015
Transaction ID : A9302D16416CB4CA9B2B

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Mr. Daniel J. Thelen

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

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

Name of Employer Occupation
 Auto-Owners Insurance Company Senior Vice President of Human Resourc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015
Transaction ID : AD9E2AA85391D4959A38

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. 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 Vice President - State Affairs

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
 05 / 04 / 2015
Transaction ID : A2FB8BFE8F98246389AE

Amount of Each Receipt this Period
 40.00

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 70 OF 94
	<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. 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 Vice President - State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
05 / 15 / 2015
Transaction ID : A31D244BB4BF443F4A82

Amount of Each Receipt this Period
40.00

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

City Indianapolis	State IN	Zip Code 46268-0700
FEC ID number of contributing federal political committee. C		
Name of Employer National Association of Mutual Insuran	Occupation Vice President - State Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Date of Receipt
05 / 29 / 2015
Transaction ID : AFCF80BFDF0D84D9FAF5

Amount of Each Receipt this Period
40.00

C. 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
05 / 18 / 2015
Transaction ID : A4FB55BC1287C46009C0

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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 71 OF 94
	(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. 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 ▼ **1100.00**

Date of Receipt: **05 / 04 / 2015**
Transaction ID : A90FB3C740170407E97C

Amount of Each Receipt this Period: **200.00**

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 ▼ **1300.00**

Date of Receipt: **05 / 20 / 2015**
Transaction ID : AD0931B28B4824537BFE

Amount of Each Receipt this Period: **200.00**

C. Mr. John Tierney
Full Name (Last, First, Middle Initial)

Mailing Address 57 Washington St

City Quincy State MA Zip Code 02169-5303

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

Name of Employer: Quincy Mutual Fire Insurance Company Occupation: SVP - Personal Lines Underwriting and

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **05 / 12 / 2015**
Transaction ID : A6419086B63894A7EB4D

Amount of Each Receipt this Period: **250.00**

SUBTOTAL of Receipts This Page (optional)..... **650.00**

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 72 OF 94
(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. Carl Tingelstad

Mailing Address PO Box 778

City State Zip Code
 Seattle WA 98111-0778

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

Name of Employer Occupation
 PEMCO Mutual Insurance Company Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : A870FAA0AC8944A3C980

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-1000

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

Name of Employer Occupation
 Frankenmuth Mutual Insurance Company Vice President of Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : AC7B26DE2FD8E4C968B3

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
C. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-1000

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

Name of Employer Occupation
 Frankenmuth Mutual Insurance Company Vice President of Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : A2919AF93DE3D42878C3

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 378.00

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 73 OF 94
	<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. Mrs. Ellen S. Truant
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Main St
 City State Zip Code
 Bel Air MD 21014-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harford Mutual Insurance Company Vice President-Human Resources
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : A4479C49F49534B75B27
 Amount of Each Receipt this Period
 41.66

B. Mr. Aaron J. Valentine
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Preferred Way
 City State Zip Code
 New Berlin NY 13411-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Preferred Mutual Insurance Company Senior Vice President, Treasurer & CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : A2B69EC7AED144061B0D
 Amount of Each Receipt this Period
 80.00

C. Mr. James J. Walsh Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30660
 City State Zip Code
 Lansing MI 48909-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auto-Owners Insurance Company Vice President-Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015
Transaction ID : A404E54F17D20454E9B6
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	171.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 94
	<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 ▼ 350.00

Date of Receipt 05 / 07 / 2015
Transaction ID : A81C0C5AC55374D9D96B

Amount of Each Receipt this Period 70.00

B. Mr. Jeff Weeks
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 ▼ 300.00

Date of Receipt 05 / 12 / 2015
Transaction ID : AFF11FA13B2EB439D941

Amount of Each Receipt this Period 300.00

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 Assistant Vice President and Chief P&C

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 07 / 2015
Transaction ID : A24688922EEE84CDA8C6

Amount of Each Receipt this Period 84.00

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 75 OF 94
	<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. Noel A. Williams
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 CopperPoint Mutual Insurance Company Occupation Vice President of Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 14 / 2015
Transaction ID : ABBA3FD1EAD5843F0A6A

Amount of Each Receipt this Period 208.30

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

Mailing Address 1460 Wells St

City Enumclaw State WA Zip Code 98022-3003

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2015
Transaction ID : A73FFC20A9BC643B2AEB

Amount of Each Receipt this Period 1000.00

C. Mr. Daniel Witt
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 CopperPoint Mutual Insurance Company Occupation Claims Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 14 / 2015
Transaction ID : AB1BE0285AFDA42438CA

Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1041.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. 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, Secretary & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.35

Date of Receipt 05 / 07 / 2015
Transaction ID : A35F40466C5FC4F6D87B
 Amount of Each Receipt this Period 91.67

B. Mr. Jeffrey S. Wrobel Sr.
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.66

Date of Receipt 05 / 04 / 2015
Transaction ID : AF01AD630D3644A11A13
 Amount of Each Receipt this Period 50.00

C. Mr. Robert Zetterstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Sullivan Way
 City West Trenton State NJ Zip Code 08628-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Manufacturers Insurance Com Occupation Executive Vice President & General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2015
Transaction ID : ADB241E7E575D49D497E
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	391.67
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 77 OF 94
(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. Steven R. Zoss

Mailing Address 24 W Harmon Dr

City Mitchell State SD Zip Code 57301-6251

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

Name of Employer Farm Mutual Insurance Company of Linco Occupation Market 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
 05 / 04 / 2015

Transaction ID : A00971E9D2AE2410E892

Amount of Each Receipt this Period
 250.00

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
 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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	35255.48

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

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

FOR LINE NUMBER: PAGE 78 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Motorists Mutual Insurance Company Civic Fund

Mailing Address 471 E Broad St

City Columbus State OH Zip Code 43215

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

Name of Employer 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
 05 / 04 / 2015

Transaction ID : A69CDE7585848456D9EA

Amount of Each Receipt this Period
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 79 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Chase Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 8751 Michigan Rd
 City Indianapolis State IN Zip Code 46268-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : A416D16EE1D9D4225BCB
 Amount of Each Receipt this Period
 4.05
 Interest

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).....▶	4.05
TOTAL This Period (last page this line number only).....▶	4.05

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : BAA2C6D73FFF849BA8FF

Amount of Each Disbursement this Period

7.95

B. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : BD753B3F0108E41B08A2

Amount of Each Disbursement this Period

9.75

C. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

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
05 / 14 / 2015

Transaction ID : BEA0EC5A5CE05440EBAE

Amount of Each Disbursement this Period

101.56

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

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

119.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : B228ED9F4753E4040B5C

Amount of Each Disbursement this Period

2.44

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : B65811A3A77C844FDAB6

Amount of Each Disbursement this Period

73.75

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : BB2DE4C50820C4AAE934

Amount of Each Disbursement this Period

12.50

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

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

88.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

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

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : B1D95A7FC3DAE4C30BA6

Amount of Each Disbursement this Period

220.15

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

220.15

428.10

**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. Blaine for Congress

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102-1025

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B0EF60770125A45A68B3

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Cathy A. McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B0587DF8FB4224E04A43

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. David Vitter for Us Senate

Mailing Address PO Box 8175

City Metairie State LA Zip Code 70011

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. David B. Vitter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B2B00383040BF4C23902

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. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Erik Paulsen

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B544E5C582B59497EA2F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address PO BOX 335

City CALHOUN State GA Zip Code 30703

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Tom Graves Jr.

Office Sought: House
 Senate
 President
State: GA District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B463311135FB44ECBBA5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Graves for Congress

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Sam B. Graves Jr.

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : B8601F4640AFA45C2895

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. House Conservatives Fund

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	5

Transaction ID : B8B3ABD8EBADE43D2B1/

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC

Mailing Address PO BOX 3799

City Vista State CA Zip Code 92085-3799

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B0C851B105A024546A2A

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Jim Himes for Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Jim A. Himes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Conven Election2016

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B242B5C8670DA4564B05

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	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. Kirk for Senate

Mailing Address PO BOX 2594

City Chicago State IL Zip Code 60690-2594

Purpose of Disbursement
Political Contribution

Candidate Name
Sen. Mark Steven Kirk

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : **BFBAE0784FC3140FABAF**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Political Contribution

Candidate Name
Rep. Lynn M. Jenkins

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KS District: 02

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : **B2B425ABD6481424F87F**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mike Crapo for Us Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
Political Contribution

Candidate Name
Sen. Mike D. Crapo

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: ID District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : **B727CCA9EAC6E401DB1E**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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. Mike Crapo for Us Senate

Mailing Address PO Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mike D. Crapo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	5

Transaction ID : BD9C4B836DAF646D1BF9

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition Political Action Committee Aka Ndc Pac

Mailing Address 607 14th Street NW Suite 800

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B5297DFFC6E634DD8BF0

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PERDUE FOR SENATE

Mailing Address 3110 MAPLE DRIVE NE
SUITE 400

City State Zip Code
ATLANTA GA 30305

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. David A. Perdue Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B1AA8D40675474908B24

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

8	5	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

8	5	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. Perlmutter for Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ed G. Perlmutter

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : BBAC45A12E1F74E78BBE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B30A7A857E1A44ED99E4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Republican Majority Fund

Mailing Address PO Box 144

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : BDBA3477387E845148F7

Amount of Each Disbursement this Period

5000.00

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. Robert Hurt for Congress

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Robert Hurt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	5

Transaction ID : BF8D789FA532742EF908

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Rodney L. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : BD34178E5DCE44F59B32

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement
Political Contribution

Candidate Name

Ryan A Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : B1342CB2EA4404FF5B19

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

**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. SYNERGY PAC

Mailing Address 6849 OLD DOMINION DRIVE
SUITE 222

City McLean State VA Zip Code 22101-3705

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : B4206074836594F05B07

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Terri A. Sewell

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : B953F3B2A258245709C2

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Tim E. Scott

Office Sought: House
 Senate
 President
State: SC District:

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : B781561C587CD4DBB8A2

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

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

Use separate schedule(s)
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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. TREASURE STATE PAC

Mailing Address 3242 CUMMINS WAY

City Missoula State MT Zip Code 59802-3222

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B4112F54797C9484AB0A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : BE0A4C2CA46C843C585C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. YOUNG FOR IOWA, INC.

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. David E. Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B833A1DEFD0DB492BB12

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

Use separate schedule(s)
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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. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement
Political Contribution

Candidate Name

Lee Michael Zeldin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B0828C457597F4800A90

Amount of Each Disbursement this Period

3000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

3000.00

64000.00

**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 checked="" 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. Mr. Christopher G. Shipe CPCU, AIT

Mailing Address PO Box 58

City Waterford State VA Zip Code 20197-0058

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : BBBAB0AB359BC45EA851

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

1000.00

1000.00

**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. Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B689B009F4C4846DB85E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hackett for Ohio Representative

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140-9019

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : B08A40A28CD2241A98CA

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1500.00

1500.00