

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 / 01 / 2018 through 07 / 31 / 2018

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

Type or Print Name of Treasurer

Signature of Treasurer Dykstra, Gregg, A., Mr., [Electronically Filed] Date 08 / 13 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="96306.93"/>	<input type="text" value="96306.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24529.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="59110.02"/>	<input type="text" value="391384.68"/>
(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="83639.92"/>	<input type="text" value="487691.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43376.31"/>	<input type="text" value="447428.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40263.61"/>	<input type="text" value="40263.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**National Association of Mutual Insurance Companies PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45770.55	266840.30
(ii) Unitemized .....	7805.99	80579.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	53576.54	347419.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	58576.54	382419.30
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).....	530.91	1940.53
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.57	24.85
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)).....▶	59110.02	391384.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	59110.02	391384.68

**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 .....	376.31	2218.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	376.31	2218.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	428500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	209.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	209.32
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	16500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43376.31	447428.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43376.31	447428.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	58576.54	382419.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	209.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58576.54	382209.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	376.31	2218.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	530.91	1940.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 154.60	278.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1460 Wells St

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Director, Property Claims
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A1A60B60479BB4758A62**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Adcock, Cathy, M., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) 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
07		02		2018

**Transaction ID : AB22D4D9D80504CCC8C2**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Adcock, Cathy, M., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : ABCDB84DF4E9B4527809**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Aghdami, Farhad, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4001 Fitzhugh Ave  
 City Richmond State VA Zip Code 23230-3921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mutual Assurance Society of Virginia Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 05 / 2018  
**Transaction ID : AEA50A4EBB64642F58A1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Albert, Todd, E., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Vice President, Information Technologi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : A1D2B48BF855640E48E1**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Albert, Todd, E., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Vice President, Information Technologi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : AD17104A754ED4226B3C**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

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

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

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

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

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

Mailing Address 222 Ames St

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : A2C07BFBD0AEB449696F**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A8C57D4926E8743F0B9A**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : A95667F2538F440FE85D**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 222 Ames St

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire	Occupation (for Individual) Director, Network Admin
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A00528A8B4BB641BD919**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Allen, Diane, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3968
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President, Human Resources
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A8B06CE48D46B45CBA3C**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Allen, Diane, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3968
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Vice President, Human Resources
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A358308C97AC94C1CB8D**

Amount of Each Receipt this Period  
80.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ayotte, Lisa, M, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A7F371FFF3E4F4F939BB**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Ayotte, Lisa, M, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A10D442B06FC04E09AF2**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AD1CCAD5C39CA48C8910**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Baker, Michael, D., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A1064BEFAD4004B6C8F4**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. Barnes, Kevin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional 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
07	/	02	/	2018

**Transaction ID : A5871B50B57D74E6DBE0**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Barnes, Kevin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : AC25FB09896574D5E9E2**

Amount of Each Receipt this Period  
40.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Belcher, Chris, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : ADC735300A3A541CFB5B**

Amount of Each Receipt this Period  
70.83

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1624.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

**Transaction ID : A674F51DDC658496F9EF**

Amount of Each Receipt this Period  
116.00

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1740.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A14E7E0C3A13E43C4882**

Amount of Each Receipt this Period  
116.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	302.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Bergner, Jonathan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW  
Ste 510

City Washington State DC Zip Code 20001-6703

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

Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Assistant Vice President - Federal Aff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : A75241BB8F88F41BD8FD**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Berteotti, Louis, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21119 Paint Blvd

City Shippenville State PA Zip Code 16254-4023

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company Occupation (for Individual) Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : ADE4FA4658C0F4C2CBEA**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Boyle, Clarence, , Mr., Sr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : A089FE39CB52E4266B97**

Amount of Each Receipt this Period 125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Buell, Stephen, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AF1143403CFE4222BAF**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Buell, Stephen, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : ACD48E1C54B574F03879**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Calvert, Mike, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Claims Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : AC1795FF1E45349498A4**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Calvert, Mike, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Claims Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2018

**Transaction ID : A2F365D1B10E94FB6A07**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Cameron, Alice, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1460 Wells St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2018

**Transaction ID : A2078F04FE48C4F92970**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Carlson, Jared, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 N Wooster St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2018

**Transaction ID : A44B24EEC282541F5AA9**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Carlson, Melinda, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : A9FA7EAAACEE74A2999E**

Amount of Each Receipt this Period  
54.00

Memo Item

**B. Caro, Ginny, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President of Claims Services
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : AB513D0DC9FF14B9389D**

Amount of Each Receipt this Period  
20.84

Memo Item

**C. Caro, Ginny, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President of Claims Services
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : AA8BED35E91AC49E5998**

Amount of Each Receipt this Period  
20.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.68
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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

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

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2212.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : AF54CFAF595D34D0D8C7**

Amount of Each Receipt this Period  
158.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A04F8625515F34CEA926**

Amount of Each Receipt this Period  
158.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A7B185A2EE4B44E7C83B**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	366.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Charamella, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : AE28DA349C7FB4FACA00**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Clark, Patrick, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Richmond Hill Dr  
 City Sparta State NJ Zip Code 07871-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hartford Steam Boiler Inspection and I Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 20 / 2018  
**Transaction ID : A14884D034C01458DA42**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Clark, Russell, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30060  
 City Lansing State MI Zip Code 48909-7560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michigan Millers Mutual Insurance Comp Occupation (for Individual) Vice President-Marketing & Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 789.36

Date of Receipt 07 / 09 / 2018  
**Transaction ID : A07B270E66CB24BED9FC**  
 Amount of Each Receipt this Period 57.72  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	191.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Cole, Jeff, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Pittsburgh B
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A41229280D36949C0937**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Cole, Jeff, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Pittsburgh B
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : AA4FAA4703989497F801**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Collins, Erin, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Assistant Vice President - State Affai
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
298.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A6636333506374AAAABA**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Collins, Erin, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Assistant Vice President - State Affai
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A3DA09A517460402F8D1**

Amount of Each Receipt this Period  
38.46

Memo Item

**B. Culver, Curt, S., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 E Kilbourn Ave

City Milwaukee	State WI	Zip Code 53202-3102
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Mortgage Guaranty Insurance Corporatio	Occupation (for Individual) Chairman & 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
07	/	30	/	2018

**Transaction ID : A213DF33E1D0C4AD2A45**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Dean, Anthony, O., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

**Transaction ID : A716586D442E9470981B**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	788.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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. DeArment, Dan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 E Pitt St

City Bedford	State PA	Zip Code 15222-1444
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

**Transaction ID : AE92E00EECBDB44D990A**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A2BCB900BFEAC4AB592D**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1725 Hopley Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : A3C38A2E5B8224DEDB22**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	790.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1725 Hopley Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : A3CA9044CD82F4050B9C**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Dietrich, Martin, A., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : A79B6041766EF49A1B59**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Assistant Vice President & Senior Port
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : AB34070BF25EF4142917**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Assistant Vice President & Senior Port
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : ABFCD2AEED4B64A5CB2**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. Drier, Charles, W., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
505.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AD717AD5A99644490928**

Amount of Each Receipt this Period  
84.17

Memo Item

**C. Drier, Charles, W., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
589.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : AA6BB4C10A14F4F2180E**

Amount of Each Receipt this Period  
84.17

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	243.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3601 Vincennes Rd

City Indianapolis	State IN	Zip Code 46268-1154
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A83B7F43A0AB1406EA81**

Amount of Each Receipt this Period  
288.00

Memo Item

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

Mailing Address 3601 Vincennes Rd

City Indianapolis	State IN	Zip Code 46268-1154
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1826.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : AA2F31FB07DD34918B39**

Amount of Each Receipt this Period  
288.00

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : A0EEA208DC28D4BF89A8**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	676.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Edmond, Fred, A., Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) President & COO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A5667AAF917CE4B46B94**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Eichhorn, Kristin, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW  
Ste 510

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Director of Operations - Government At
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A4C01F59D4D7B42D2B20**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 38 N Canal St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

**Transaction ID : AF5DB078491F144A6AA2**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Enoch, Quincy, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW  
Ste 510

City Washington State DC Zip Code 20001-6703

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt 07 / 06 / 2018  
**Transaction ID : AA156EAD60DFA4A87A53**

Amount of Each Receipt this Period 20.00

Memo Item

**B. Enoch, Quincy, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW  
Ste 510

City Washington State DC Zip Code 20001-6703

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : A80330D3BA94547048D7**

Amount of Each Receipt this Period 20.00

Memo Item

**C. Eriksen, Andrew, M., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : A56F04260F69242EE8C3**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Eriksen, Andrew, M., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A2D64C2533F3B4687ADE**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Commercial Lines Business Unit Leade
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A10CDD631A86847CBA97**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 2401 S Memorial Dr

City Appleton	State WI	Zip Code 54915-1429
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

**Transaction ID : AF3A47DE5B08048768CE**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2401 S Memorial Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A9CE115E9A03E4CF9805**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Firko, Stephan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A4140A85D737F4C55B84**

Amount of Each Receipt this Period  
87.50

Memo Item

**C. Fisher, Gayle, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AC4CC1238C98640959C9**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	272.50
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Fisher, Gayle, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President-Life Operatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A161539BB20AB40908AB**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Fraim, Phillip, D., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 S Boulevard  
 City Edmond State OK Zip Code 73013-5775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oklahoma Attorneys Mutual Insurance Co Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2018  
**Transaction ID : A6BEA6F0A74334D49B5A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Frank, Ann, M., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 E Park St Ste 200  
 City Edwardsville State IL Zip Code 62025-2095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Madison Mutual Insurance Company Occupation (for Individual) Corporate Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 31 / 2018  
**Transaction ID : AC3A5C2A9AC6549239E9**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1105.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Fry, Donald, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : A6648D12B1E1742EF89F**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : A0316F4E3C63841A6963**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
577.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A6BC46D0C6EB4FAC94E**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gonzales, Yvette, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Senior Vice President & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt 07 / 06 / 2018  
**Transaction ID : A1002569938CA4A82A83**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Gonzales, Yvette, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) Senior Vice President & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.24

Date of Receipt 07 / 24 / 2018  
**Transaction ID : A2248A5D53DEB43DF998**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Grande, Jimi, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 F St NW Ste 510  
 City Washington State DC Zip Code 20001-6703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President, Government Affa  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1398.68

Date of Receipt 07 / 06 / 2018  
**Transaction ID : A7CD04F5253E749B68B4**  
 Amount of Each Receipt this Period 96.16  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 179.48  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Grande, Jimi, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 F St NW  
 Ste 510  
 City Washington State DC Zip Code 20001-6703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President, Government Affa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1494.84

Date of Receipt 07 / 23 / 2018  
**Transaction ID : A4DEEAB33972E4D1AB5C**  
 Amount of Each Receipt this Period 96.16  
 Memo Item

**B. Grove, David, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Vice President, Product Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : A6641383E78F14D4C99C**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Grove, David, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Vice President, Product Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : ADFCE4CB0C0C445D5951**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	136.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 618

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AAC040BB41462414AA6C**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1460 Wells St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A23BB4C9DE6D94298A98**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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 (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Assistant Vice President-Underwriting
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
247.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A5723EA306D584BB0ADC**

Amount of Each Receipt this Period  
91.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.00
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hanby, William, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Chief Information Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
339.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

**Transaction ID : AE762AF3F68A7416DA7F**

Amount of Each Receipt this Period  
39.25

Memo Item

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

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 (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Chief Information Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
377.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

**Transaction ID : A6D517BC53E154DFE96A**

Amount of Each Receipt this Period  
38.50

Memo Item

**C. Hanna, Heidi, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Director, 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
07	/	30	/	2018

**Transaction ID : A4766F576D9FF4AEEBB0**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	327.75
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hannula, Fred, A., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : A07660BD828A74B0F913**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Hannula, Fred, A., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A8D402839CAB14B50ABE**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Harris, Michael, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2102 Whitegate Dr  
 City Columbia State MO Zip Code 65202-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Mutual Insurance Company Occupation (for Individual) Information Security Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : A6C47D14D6C7D474B9DC**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**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 36 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harrold, Jeffrey, F., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Chairman & CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : ABEED1E725B534EB0B0E**

Amount of Each Receipt this Period  
3000.00

Memo Item

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

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Manager, Complex Casualty Claims
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : A3530BFFCA1BD4602A7B**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1460 Wells St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A05E33D134CBE4AF8BED**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Heeren, Shane, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Vice President, Marketing & Sales
--	--

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
07		16		2018

**Transaction ID : ADA41450A6D5748D8AE6**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Heeren, Shane, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Vice President, Marketing & Sales
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A70A20599E97843E59CB**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : A2A31F9E56DC14D25BA0**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	118.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Hernandez, Dan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Small Business Center
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A657FF362DBFD47BF80B**

Amount of Each Receipt this Period  
20.83

Memo Item

**B. Hernandez, Dan, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Small Business Center
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : A097A6768C7D042CE8FB**

Amount of Each Receipt this Period  
20.83

Memo Item

**C. Hinson, Laura, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5640 Northmoor Dr

City Dallas	State TX	Zip Code 75230-2644
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
791.69

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AF65C7849BBD84DB0B20**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.33
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2018  
**Transaction ID : AEB9E585A79C346599A2**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Huff, Andrew, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 F St NW Ste 510  
 City Washington State DC Zip Code 20001-6703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : A3265C24DC773403A855**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**C. Huff, Andrew, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 F St NW Ste 510  
 City Washington State DC Zip Code 20001-6703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2018  
**Transaction ID : A6D66DF04DE5A4F89BCC**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Hyle, Timothy, R., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Preferred Way  
 City New Berlin State NY Zip Code 13411-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Vice President, Finance & Risk Manage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : ABB7E831B8075433188F**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Imus, Catherine, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President of Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2018  
**Transaction ID : A35D4F95BA098445188E**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Imus, Catherine, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 Vincennes Rd  
 City Indianapolis State IN Zip Code 46268-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President of Public Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : A19D0064814024BC5A29**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Jakubick, Theresa, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Project Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

**Transaction ID : A3572D00455814088BB3**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Project Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A4EC1CA96CD30408F975**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistant Vice President, Business Ins
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

**Transaction ID : A0D827D8F83044468AA2**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistant Vice President, Business Ins
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A42C3072E4C3C4F58AC1**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) CFO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : AC6989FF0DA4741D5BB2**

Amount of Each Receipt this Period  
20.83

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) CFO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2018

**Transaction ID : A2FE9E705B152405782F**

Amount of Each Receipt this Period  
20.83

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	66.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jorgensen, Jon, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President Underwriting
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A87F5122FFEB347C8AAE**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Jorgensen, Jon, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President Underwriting
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A13F8C7B0D16B4AFD995**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 20 F St NW  
Ste 510

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
636.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A7BF5094E86C5414AA27**

Amount of Each Receipt this Period  
45.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.46
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 20 F St NW  
Ste 510

City Washington State DC Zip Code 20001-6703

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **681.90**

Date of Receipt **07 / 23 / 2018**

**Transaction ID : AE495718871634FF8884**

Amount of Each Receipt this Period **45.46**

Memo Item

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

Mailing Address 200 N Main St

City Bel Air State MD Zip Code 21014-3554

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

Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Vice President, Claims & Corporate Se

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **374.98**

Date of Receipt **07 / 23 / 2018**

**Transaction ID : A93D7498909CF4A76BB0**

Amount of Each Receipt this Period **83.34**

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth State MI Zip Code 48787-1000

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **07 / 13 / 2018**

**Transaction ID : AC3E8F9FA655D482C957**

Amount of Each Receipt this Period **39.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **167.80**

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

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

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

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

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : AE38F3D96B9334E22A47**

Amount of Each Receipt this Period  
39.00

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : AB85235E4AE64D80A12**

Amount of Each Receipt this Period  
20.84

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
291.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2018

**Transaction ID : AE9489A85DE08459E9D8**

Amount of Each Receipt this Period  
20.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kennedy, James, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10462 Casella Way  
Apt 102

City Fort Myers State FL Zip Code 33913-6836

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : AB69AC84FA0FC40A2BBC**

Amount of Each Receipt this Period 125.00

Memo Item

**B. Kennedy, Patrick, D., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) Vice President of Claims & Internal Co

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : AA165E81FF97D4F4EA3D**

Amount of Each Receipt this Period 40.00

Memo Item

**C. Kissman, Amy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

City Lansing State MI Zip Code 48909-8160

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

Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Manager of Commercial Auto Underwriti

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : AA3E6A8DA935C45D68C8**

Amount of Each Receipt this Period 30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Klasing, Drew, A., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A14B43EE592584DDB85F**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Klasing, Drew, A., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : AF3CB1C8661A044B2BC6**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Klopfenstein, Kraig, T., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Sales/Marketing
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A9543AC66009D4D4EA43**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Klopfenstein, Kraig, T., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Sales/Marketing
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A11BC611679D643268E8**

Amount of Each Receipt this Period  
80.00

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : AA1F662A215534D0680F**

Amount of Each Receipt this Period  
39.00

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : AA39875297136471BAE9**

Amount of Each Receipt this Period  
39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Lannin, Jay, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 100044

City Duluth	State GA	Zip Code 30096-9344
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A3038DE04BE864845B6A**

Amount of Each Receipt this Period  
600.00

Memo Item

**B. Lawens, Mitch, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A7FD9C5469AF948F48E8**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. Lawens, Mitch, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A546C188A718F40FC980**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	670.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Lawens, Mitch, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
745.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : AFF6794CB36BE4F79996**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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 (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) Secretary-Treasurer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A435A714675844335988**

Amount of Each Receipt this Period  
41.66

Memo Item

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

Mailing Address PO Box 1070

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

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

Name of Employer (for Individual) Grayson Carroll Wythe Mutual Insurance	Occupation (for Individual) Secretary/Treasurer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : ADC1AE8BFE71842068EA**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Linkous, Steven, D., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2707.30

Date of Receipt **07 / 23 / 2018**  
**Transaction ID : A20945B007A604BB88B0**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**B. Longenecker, Jere, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 6022  
 City Columbia State MO Zip Code 65205-6022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Regional Vice President of MO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : AC9AC92E649424DC8AAA**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Lopata, Brian, D., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 N Main St  
 City McPherson State KS Zip Code 67460-2846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Farmers Alliance Mutual Insurance Comp Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 516.94

Date of Receipt **07 / 16 / 2018**  
**Transaction ID : A9F6852079AA948E99F6**  
 Amount of Each Receipt this Period 76.94  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	993.60
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Senior Vice President, Chief Informati
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
503.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : A9B43327B15A54CBE8AA**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Lopilato, Kathleen, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AAEC43EECB0EA4F56B02**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Lopilato, Kathleen, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : AD450CC482AD042DABA7**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Lynch, Tim, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President  
 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  
 07 / 31 / 2018  
**Transaction ID : A9B12252C7661442EA31**  
 Amount of Each Receipt this Period  
 550.00  
 Memo Item

**B. Mackenzie, Laurinda, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2018  
**Transaction ID : A1BDCB55225DC4F39887**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Mackenzie, Laurinda, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1460 Wells St  
 City Enumclaw State WA Zip Code 98022-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : ACEBAE591E469487FB1C**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Maledy, Teresa, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1677

City Columbia	State MO	Zip Code 65205-1677
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
791.69

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A3C16F9A75D76477D935**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Mall, Gregory, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 819

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

**Transaction ID : A2EEFD87F5A164C6AA34**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Harford Mutual Insurance Company	Occupation (for Individual) Vice President & CFO
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : AF8BBCCB12BDE434AA25**

Amount of Each Receipt this Period  
166.68

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3001 C St  
# 300

City Anchorage State AK Zip Code 99503-3913

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : AC98C51590B584B8D9E2**

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 3001 C St  
# 300

City Anchorage State AK Zip Code 99503-3913

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : AA369367C4ADE42C883D**

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 3001 C St  
# 300

City Anchorage State AK Zip Code 99503-3913

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : A600E027D8F5743FD91B**

Amount of Each Receipt this Period 25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Date of Receipt 07 / 30 / 2018  
**Transaction ID : AB1C3C9222F6A413FA9B**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. McCain, Phillip, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : AD95C7A471F8345B8981**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. McCain, Phillip, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Mutual Ave  
 City Frankenmuth State MI Zip Code 48787-1000  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : AC696CFA15214494B9B7**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1078.00
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. McCullough, S.H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 244017

City Montgomery	State AL	Zip Code 36124-4017
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2018

**Transaction ID : A5ACFE167C30644118C4**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. McCullough, S.H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 244017

City Montgomery	State AL	Zip Code 36124-4017
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2018

**Transaction ID : A9223DD13DC804E3EBDC**

Amount of Each Receipt this Period  
 35.00

Memo Item

**C. McKenzie, Sherry, L., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2018

**Transaction ID : A8192FC6FA2634A1BAB5**

Amount of Each Receipt this Period  
 75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. McKenzie, Sherry, L., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2018

**Transaction ID : A00EFF42ECE944E0485D**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
539.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2018

**Transaction ID : AC335F9AEA85A486FB6E**

Amount of Each Receipt this Period  
38.54

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company	Occupation (for Individual) Vice President, Secretary & Treasurer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
578.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2018

**Transaction ID : A73F84BE1C0274ABB8A5**

Amount of Each Receipt this Period  
38.54

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	152.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Mengerink, R.F., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President Information S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : AD2DB66A384964A9F8D0**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. Mengerink, R.F., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President Information S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A639DD603A5774E9983A**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Mezzanotte, Albert, , Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : A52CB85AF8E8C4CBA825**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Michael, Scott, A., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

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

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
07		02		2018

**Transaction ID : A77DCF9D5401140528AB**

Amount of Each Receipt this Period  
60.00

Memo Item

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

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A698E457E8B304D5083C**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. Mickley, Tricia, A., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 31

City Mount Carroll	State IL	Zip Code 61053-0031
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Frontier Mt. Carroll Mutual Insuranc	Occupation (for Individual) CFO, Secretary & Treasurer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : A37646DF8AA1A4590808**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Middleton, David, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A85FF2AACA19443B78C2**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : A2D0F23310AF9458DBC1**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Miller, Terri, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A3A0A197F994E48808F4**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	580.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : AAFDB62EB0CD94F61955**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A001AACFCB7EA48C5A35**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : AE8898D69A8214CD3BDF**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1460 Wells St

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A205D6CDCFC3A41BB9C4**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Nichols, Cindy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10816 Executive Center Dr

City Little Rock	State AR	Zip Code 72211-4354
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A90360B9E05D345A995B**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Noiro, Katherine, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapi Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : ABDEBB42652284F0EA91**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1280.00
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Oches, Leslie, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Distribution
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : AE6F07C0ACCEE422D8F4**

Amount of Each Receipt this Period  
20.84

Memo Item

**B. Oches, Leslie, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Distribution
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : ADD41887C5EFFE4460963**

Amount of Each Receipt this Period  
20.84

Memo Item

**C. Owen, Claire, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Whitegate Dr

City Columbia	State MO	Zip Code 65202-2335
------------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia Mutual Insurance Company	Occupation (for Individual) Associate Legal Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A184B71043E284FC4890**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.68
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Palmer, Scott, T., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacabri Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

**Transaction ID : AD99E98C80E114625824**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 127 Pearl St

City Council Bluffs	State IA	Zip Code 51503-0824
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

**Transaction ID : A1AECF481C2B64F48863**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

**Transaction ID : A1BF0AFF0D2A541CAA41**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Phillips, Andrea, I., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President, Personal Lin
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A010221A0F4674369875**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Phillips, Andrea, I., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President, Personal Lin
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A598390F437D4459F973**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Pierce, Mary, S., Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AD2B1C0CAB85540788AE**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.33
<b>TOTAL</b> 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 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Pierce, Mary, S., Ms.,**

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : ACF5020E36C314034BB8**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

**Transaction ID : A4CE5815C96B84F24869**

Amount of Each Receipt this Period  
39.00

Memo Item

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

Mailing Address 1 Mutual Ave

City Frankenmuth	State MI	Zip Code 48787-1000
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A3E26EC3B2BBC4FB78B5**

Amount of Each Receipt this Period  
39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	161.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Poliner, Gary, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 S 18th Ave

City West Bend	State WI	Zip Code 53095-8796
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : AE2E78826B3774B909BF**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Preslaski, Barry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A8FF93B072583499DA75**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Preslaski, Barry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : AAE57FE7003C74CAB8D4**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<b>TOTAL</b> 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 69 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Rasmussen, Richard, D., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 31

City Harlan	State IA	Zip Code 51537-0031
----------------	-------------	------------------------

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

Name of Employer (for Individual) Shelby County Farmers Mutual Insurance	Occupation (for Individual) Secretary/Treasurer/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
07	/	17	/	2018

**Transaction ID : AE2FEAB7EF0D94BED8A7**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Reeves, Jeff, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1070

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

**Transaction ID : AEFED44C533FD4574A64**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Reeves, Rip, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Meadowlands Plz

City East Rutherford	State NJ	Zip Code 07073-2150
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AEGIS Insurance Services	Occupation (for Individual) CIO/Treasurer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

**Transaction ID : A5C72CDA122204371931**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Reinbold, Theodore, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

**Transaction ID : ADA567D0376064B8C87E**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Reuhl, Doug, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 S 18th Ave

City West Bend	State WI	Zip Code 53095-8796
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A0F6DAC7731B24FA98F5**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Riekse, Jonathan, R., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A984C29824E5A405BA1F**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1333.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Riekse, Jonathan, R., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A94600552F3004D398DA**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Rink, Jeff, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Harford Mutual Insurance Company	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : AE714D8F2C20B46289AC**

Amount of Each Receipt this Period  
41.66

Memo Item

**C. Roland, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Executive Vice President, Chief of Sta
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : A4B0DDCE6268B49D3840**

Amount of Each Receipt this Period  
20.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.83
<b>TOTAL</b> 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 72 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Roland, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Executive Vice President, Chief of Sta
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : AB106191E75ED495181D**

Amount of Each Receipt this Period  
20.84

Memo Item

**B. Roman, Spencer, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 355 Maple Ave  
# D-2-3

City Harleysville	State PA	Zip Code 19438-2222
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Harleysville Insurance Company	Occupation (for Individual) Executive Vice President , Field Opera
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : A76661211E4024D24870**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Rupp, Rodney, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapi Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : A83299140ED9C4C10B37**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1145.84
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rutledge, Timothy, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 N Main St  
 City Bel Air State MD Zip Code 21014-3554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Director of Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.32

Date of Receipt 07 / 23 / 2018  
**Transaction ID : A97919A5CB2A54D5D856**  
 Amount of Each Receipt this Period 56.56  
 Memo Item

**B. Santoro, Francis, R., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pennsylvania Lumbermens Mutual Insuran Occupation (for Individual) Vice President, Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 07 / 30 / 2018  
**Transaction ID : A16E4952BFDFD49A5BA8**  
 Amount of Each Receipt this Period 87.50  
 Memo Item

**C. Sapp, Margaret, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 N Jefferson St  
 City Queen City State MO Zip Code 63561-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schuyler County Mutual Insurance Compa Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : ACE4F58D2CDC34F21A16**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	394.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A02785365BC574E45BF0**

Amount of Each Receipt this Period  
45.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A33421848625D423FBC9**

Amount of Each Receipt this Period  
45.00

Memo Item

**C. Schloemer, Jim, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 S 18th Ave

City West Bend	State WI	Zip Code 53095-8796
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

**Transaction ID : A4074870ACD9E44CD8A3**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	340.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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. Schmader, Eric, P., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 59

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A9E34FA7464E3430DBAA**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address PO Box 59

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

**Transaction ID : AD4F4489D688A4AF795D**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1354.21

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : AE348322462AC45FCA2D**

Amount of Each Receipt this Period  
104.17

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.17
<b>TOTAL</b> 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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Schmittlein, Marc, E., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3030 N 3rd St  
 City Phoenix State AZ Zip Code 85012-3074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CopperPoint Mutual Insurance Company Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 07 / 24 / 2018  
**Transaction ID : AB6248A5F466F49F6877**  
 Amount of Each Receipt this Period 104.17  
 Memo Item

**B. Schumacher, James, C., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Director - Agency Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : A547637E2FB224679A20**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Schumacher, James, C., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Director - Agency Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : AB6EDE6F33B394D82B66**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	404.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Schumacher, Judy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Communication & Gove
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
41.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A52B58ADE77CF4A49872**

Amount of Each Receipt this Period  
41.65

Memo Item

**B. Schumacher, Judy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Communication & Gove
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : A9EE8B96FEC AA465AB92**

Amount of Each Receipt this Period  
41.65

Memo Item

**C. Scott, Stephen, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Harford Mutual Insurance Company	Occupation (for Individual) Chair
---	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : A7FD1D908DC7C4434900**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	208.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Searer, Richard, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 S 18th Ave

City West Bend	State WI	Zip Code 53095-8796
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

**Transaction ID : A670FD4A6DEE14B17965**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Sears, Christine, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 N 2nd St

City Harrisburg	State PA	Zip Code 17101-1619
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Pennsylvania National Mutual Casualty	Occupation (for Individual) President & CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2018

**Transaction ID : A7123785BA3CF468F856**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Shader, Scott, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : AA1D384ADC0184733AC6**

Amount of Each Receipt this Period  
20.83

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2770.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Shader, Scott, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : AB220C7F915A1467FB23**

Amount of Each Receipt this Period  
20.83

Memo Item

**B. Shantz, Kent, B., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : A325D7D7F87CA436AA4E**

Amount of Each Receipt this Period  
79.00

Memo Item

**C. Shantz, Kent, B., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
744.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A951F2640EB974A939C7**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	179.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Shell, Gregory, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A485AC5AC18FA4C94AC7**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Shell, Gregory, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : AA76CD58DAD81453EB45**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1460 Wells St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1666.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A833EB9FFF8DA42DAB86**

Amount of Each Receipt this Period  
208.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	308.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Shipe, Christopher, G., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Loudoun Mutual Insurance Company Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.33

Date of Receipt 07 / 16 / 2018  
**Transaction ID : A1F976C15FF954423A10**  
 Amount of Each Receipt this Period 461.52  
 Memo Item

**B. Shipe, Christopher, G., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Loudoun Mutual Insurance Company Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.66

Date of Receipt 07 / 31 / 2018  
**Transaction ID : AACAECAFE55C640688FC**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Simmons, Lori, L., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 Eisenhower Rd  
 City Leavenworth State KS Zip Code 66048-1190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Armed Forces Insurance Exchange Occupation (for Individual) Vice President of Marketing & Corporat  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : A505387D07363431F880**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	628.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Smith, Abigail, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : A75C5791C6439496B813**

Amount of Each Receipt this Period  
125.00

Memo Item

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

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 (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2805.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A5BE64591489B4D1D927**

Amount of Each Receipt this Period  
665.00

Memo Item

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

Mailing Address 6101 Anacapi Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : A794ECCCF9E574E62B77**

Amount of Each Receipt this Period  
600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1390.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Speicher, Steven, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Forest Regio
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A430A8ED93555414E834**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Speicher, Steven, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President - Forest Regio
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A365F2301DBE54A2997A**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Spiller, Aaron, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Commercial Lines & Life Actuary
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : AB56AA97675FC48EC9AC**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 84 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Spriggs, Kristen, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Senior Vice President, Member Develop
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : A2113722EF540442F929**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Spriggs, Kristen, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Senior Vice President, Member Develop
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2018  
**Transaction ID : AD4BE55F4005544DBB4C**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Steiner, Kevin, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 S 18th Ave

City West Bend	State WI	Zip Code 53095-8796
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Bend Mutual Insurance Company	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2018  
**Transaction ID : A83524BE5B2AD431AB1E**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2540.00
<b>TOTAL</b> 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 85 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Stuckrath, Edward, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3968  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Regional Vice President - Westminister  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A21A2AD5CA077469D96E**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Sullivan, Timothy, F., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) NAMIC Insurance Company, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 06 / 2018  
**Transaction ID : A287C4B369FFB4D8C8B5**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Sullivan, Timothy, F., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) NAMIC Insurance Company, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 23 / 2018  
**Transaction ID : ADC5249C7C3BC4306944**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	222.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : A4510574AFD26437FB8A**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address PO Box 68700

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : AFA61F82DC70A421FAB6**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Chairman & CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : AF2CBE45D4BDA4D13B55**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Chairman & CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : AF3100B507FF64AD1856**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Tamoshunas, Vida, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

**Transaction ID : A57B81DE0047140AAAD5**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Tetrault, Paul, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) State & Policy Affairs Counsel
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : AE422F4C6BD8E4B34933**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tetrault, Paul, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 68700  
 City Indianapolis State IN Zip Code 46268-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) State & Policy Affairs Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : A3B02EFCB934943A397C**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Thelen, Daniel, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) President & Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : A561ECB29053748C599E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Thelen, Daniel, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30660  
 City Lansing State MI Zip Code 48909-8160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) President & Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A3A63C23A165D4220873**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> 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 89 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address PO Box 594

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

**Transaction ID : A3B2E4655A68B4A01A07**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address PO Box 618

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A4D54FE67CBBC4583AF8**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 222 Ames St

City Dedham	State MA	Zip Code 02026-1850
----------------	-------------	------------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Chief Investment Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : A89599C285EE7481EAC7**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> 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 90 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistance Vice President - Corporate
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
620.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

**Transaction ID : AEC045843ADA74F36A5D**

Amount of Each Receipt this Period  
45.00

Memo Item

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

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistance Vice President - Corporate
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
665.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2018

**Transaction ID : AEDB1F882E39B40AB9BB**

Amount of Each Receipt this Period  
45.00

Memo Item

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President & Treasurer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A8D37548B50A642D6952**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President & Treasurer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : A4A39BEB8E6D44E68888**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 500 US Highway 77A S

City Yoakum	State TX	Zip Code 77995-1318
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hochheim Prairie Farm Mutual Insurance	Occupation (for Individual) 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
07		18		2018

**Transaction ID : A256BC698F3E54494826**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1 Preferred Way

City New Berlin	State NY	Zip Code 13411-1800
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Vice President, Underwriting
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : AE9C2A070CFAB4FE6B94**

Amount of Each Receipt this Period  
38.48

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	372.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Wenger, Mark, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President and Chief P&C
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A442F07721AA94DCCA25**

Amount of Each Receipt this Period  
210.00

Memo Item

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President and Chief P&C
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1470.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

**Transaction ID : AD1E374B396AD442D8EA**

Amount of Each Receipt this Period  
210.00

Memo Item

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

Mailing Address 222 E Park St  
Ste 200

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : AA36AA3A603B74FE6B39**

Amount of Each Receipt this Period  
20.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Wilder, Scott, S., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : AE5FB51CBB7B44C3492F**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address PO Box 1070

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A845CB14DFC524C13BDA**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : AA EFF3DE3E8E64E7AAAB**

Amount of Each Receipt this Period  
22.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	572.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 113
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Witt, Daniel, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012-3074
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
308.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2018

**Transaction ID : A027A25ACA30A41EF970**

Amount of Each Receipt this Period  
22.00

Memo Item

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

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) First Vice President, Secretary & Gene
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3754.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

**Transaction ID : A8DF5B53BA7C443B5B1D**

Amount of Each Receipt this Period  
209.00

Memo Item

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

Mailing Address 6101 Anacapri Blvd

City Lansing	State MI	Zip Code 48917-3968
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) First Vice President, Secretary & Gene
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3961.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : AA5D9EAC5A9BD4837AB6**

Amount of Each Receipt this Period  
207.65

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	438.65
<b>TOTAL</b> 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 95 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wrobel, Jeffrey, S., Mr., Sr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
719.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : A0B4771FA73234FBABAC**

Amount of Each Receipt this Period  
84.00

Memo Item

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

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 (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director of IT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
317.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : A5B99A0095E5443099BF**

Amount of Each Receipt this Period  
29.23

Memo Item

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

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 (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director of IT
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
337.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : A7A7A8F7C0B41468893E**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 07 / 30 / 2018  
**Transaction ID : AD3601F07ABE1455E939**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Zenke, Jerry, G., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Mound Prairie Mutual Insurance Company Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : AC79C3B5CE1DA4502A67**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Ziegler, Peter, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 S 18th Ave  
 City West Bend State WI Zip Code 53095-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Bend Mutual Insurance Company Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : A3DAE39D6D49A4B5088C**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 97 OF 113
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zwygart, Christopher, , Mr.,**

Mailing Address 1900 S 18th Ave

City West Bend	State WI	Zip Code 53095-8796
-------------------	-------------	------------------------

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

Name of Employer (for Individual) West Bend Mutual Insurance Company	Occupation (for Individual) Vice President - Chief Legal Officer
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		23		2018

**Transaction ID : A4D2B9DF977A24CD3BD1**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	45770.55

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

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

**A. United Services Automobile Association Employee PAC - Usaa Employee PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9800 Fredericksburg Road

City San Antonio	State TX	Zip Code 78288
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00164145

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : A4A99C202A7B74575AD2**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.**

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

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> 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: (check only one)	PAGE 99 OF 113
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NAMIC Administrative Fund**

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

Mailing Address 3601 Vincennes Rd

City Indianapolis	State IN	Zip Code 46268-1154
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1940.53

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2018

**Transaction ID : A12B22B2BFD734643BA9**

Amount of Each Receipt this Period  
530.91

Memo Item  
Reimb of bank fees

**B.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.91
<b>TOTAL</b> This Period (last page this line number only).....	530.91

**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 100 OF 113
<input 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 checked="" type="checkbox"/> 17

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

**A. Chase Bank**

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

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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
24.85

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2018

**Transaction ID : AD43E326ED25B436EBED**

Amount of Each Receipt this Period  
2.57

Memo Item  
Interest

**B.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2.57
<b>TOTAL</b> This Period (last page this line number only).....▶	2.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C [ ]  
**Transaction ID : B94C1E9EAC**  
 Amount of Each Disbursement this Period  
 [ ] 42.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement  
Bank Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2018

FEC Identification Number

C [ ]  
**Transaction ID : BFB009E506f**  
 Amount of Each Disbursement this Period  
 [ ] 333.60

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [ ]  
 Amount of Each Disbursement this Period  
 [ ]

Memo Item

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

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

[ ] 376.31  
 [ ] 376.31

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANTHONY GONZALEZ FOR CONGRESS**

Mailing Address 9856 ARCHER LANE

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Gonzalez, Anthony, E, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00654079

**Transaction ID : B5BF41EF88:**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARMSTRONG FOR CONGRESS**

Mailing Address 1515 BURNT BOAT DRIVE  
BOX 112

City  
BISMARCK

State  
ND

Zip Code  
58503

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Armstrong, Kelly, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: ND District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00670547

**Transaction ID : B34A70FCB2:**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BALDERSON FOR CONGRESS**

Mailing Address PO BOX 8197

City  
ZANESVILLE

State  
OH

Zip Code  
43702

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Balderson, Troy, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00662650

**Transaction ID : B81436984B:**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Beatty for Congress**

Mailing Address 222 East Town Street

City  
Columbus

State  
OH

Zip Code  
43215-4611

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Beatty, Joyce, B., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00507368

**Transaction ID : B2C1735BC4**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRENDA LAWRENCE FOR CONGRESS**

Mailing Address P.O. BOX 3060

City  
SOUTHFIELD

State  
MI

Zip Code  
48037

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Lawrence, Brenda, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MI District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00552588

**Transaction ID : BBE5A7F0FB**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Capuano for Congress Committee**

Mailing Address PO Box 440305

City  
Somerville

State  
MA

Zip Code  
02144

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Capuano, Michael, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00336388

**Transaction ID : B6050B8E71**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CLARKE FOR CONGRESS**

Mailing Address 111-36 200TH. STREET

City  
HOLLIS

State  
NY

Zip Code  
11412

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Clarke, Yvette, D., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: NY District: 09

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

FEC Identification Number

**C** C00415331

**Transaction ID : BAADD10DD**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clay Jr. for Congress**

Mailing Address P.O. Box 4544

City  
Saint Louis

State  
MO

Zip Code  
63108-0544

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Clay, Lacy, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President  
State: MO District: 01

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2018

FEC Identification Number

**C** C00346080

**Transaction ID : BB59AD2541I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT HENRY HANK JOHNSON**

Mailing Address 4262 CLAUSELL COURT  
SUITE A

City  
Decatur

State  
GA

Zip Code  
30035-1916

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Johnson, Hank, C., Rep., Jr.**

Office Sought:  House  
 Senate  
 President  
State: GA District: 04

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

FEC Identification Number

**C** C00418293

**Transaction ID : B1DE0C6F6E**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. David Scott for Congress**

Mailing Address P.O. Box 960821

City  
Riverdale

State  
GA

Zip Code  
30296-0821

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Scott, David, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00369801

**Transaction ID : B708F10B14**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DINO FOR CONGRESS**

Mailing Address 1420 NW GILMAN BLVD.  
PMB 2661

City  
ISSAQUAH

State  
WA

Zip Code  
98027

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rossi, Dino, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00656371

**Transaction ID : BFAF810E921**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Don Bacon for Congress**

Mailing Address P.O. BOX 391368

City  
Omaha

State  
NE

Zip Code  
68139-1368

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Bacon, Donald, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00575167

**Transaction ID : BA266447ED**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Elise for Congress**

Mailing Address P.O. Box 500

City  
Glens Falls

State  
NY

Zip Code  
12801-0500

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Stefanik, Elise, M, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00547893

**Transaction ID : B79A2B56FD**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. French Hill for Arkansas**

Mailing Address P.O. Box 7841

City  
Little Rock

State  
AR

Zip Code  
72217-7800

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Hill, French, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00551275

**Transaction ID : B2D64F32F1E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DENVER RIGGLEMAN, INC.**

Mailing Address P.O. BOX 798

City  
NELLYSFORD

State  
VA

Zip Code  
22958

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Riggleman, Denver, Lee, , III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00680488

**Transaction ID : B5BC16783A**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DUSTY JOHNSON**

Mailing Address PO BOX 278

City  
MITCHELL

State  
SD

Zip Code  
57301

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Johnson, Dusty, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00628917

**Transaction ID : B454583F09E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF HAGEDORN**

Mailing Address 11 CIVIC CENTER PLZ STE 007

City  
MANKATO

State  
MN

Zip Code  
56001

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Hagedorn, James, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00550707

**Transaction ID : B9E3EDF41C**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Susan Brooks**

Mailing Address 9333 N Meridian Street  
Suite 230

City  
Indianapolis

State  
IN

Zip Code  
46260-1882

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Brooks, Susan, W., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00500207

**Transaction ID : B9879B3BB4**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JIM BANKS FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2018

Mailing Address PO BOX 11431

FEC Identification Number

**C** C00577999

**Transaction ID : B10E971A7C**

Amount of Each Disbursement this Period

1000.00

Memo Item

City

FORT WAYNE

State

IN

Zip Code

46858

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Banks, Jim, E., Rep.,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: IN

District: 03

Full Name (Last, First, Middle Initial)

**B. JOHN CHRIN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2018

Mailing Address 1214 BROADWAY

FEC Identification Number

**C** C00640839

**Transaction ID : B48947924E1**

Amount of Each Disbursement this Period

2000.00

Memo Item

City

FOUNTAIN HILL

State

PA

Zip Code

18015

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Chrin, John, R, ,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: PA

District: 08

Full Name (Last, First, Middle Initial)

**C. KUSTOFF FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2018

Mailing Address 1661 AARON BRENNER DR  
STE 300

FEC Identification Number

**C** C00614826

**Transaction ID : BC158068E9**

Amount of Each Disbursement this Period

1000.00

Memo Item

City

MEMPHIS

State

TN

Zip Code

38120

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Kustoff, David, F., Rep.,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: TN

District: 08

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. LEA MARQUEZ PETERSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2018

Mailing Address PO BOX 40935

FEC Identification Number

**C** C00663054

**Transaction ID : B3AAA32524**

Amount of Each Disbursement this Period

1000.00

Memo Item

City  
TUCSON

State  
AZ

Zip Code  
85717

Purpose of Disbursement  
Contribution to Committee

Category/Type

Candidate Name

**Lea, Marquez, Peterson, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Full Name (Last, First, Middle Initial)

**B. MARK HARRIS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	20	/	2018

Mailing Address PO BOX 77451

FEC Identification Number

**C** C00649236

**Transaction ID : B51110E9064**

Amount of Each Disbursement this Period

1000.00

Memo Item

City  
CHARLOTTE

State  
NC

Zip Code  
28271

Purpose of Disbursement  
Contribution to Committee

Category/Type

Candidate Name

**Harris, Mark, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Full Name (Last, First, Middle Initial)

**C. Marsha for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2018

Mailing Address PO Box 3750

FEC Identification Number

**C** C00376939

**Transaction ID : B5A0203637,**

Amount of Each Disbursement this Period

1000.00

Memo Item

City  
Brentwood

State  
TN

Zip Code  
37024-3750

Purpose of Disbursement  
Contribution to Committee

Category/Type

Candidate Name

**Blackburn, Marsha, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Crapo for US Senate**

Mailing Address P.O. Box 1948

City  
Boise

State  
ID

Zip Code  
83701-1948

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Crapo, Mike, D., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00330886

**Transaction ID : B7A45A9E3D**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. OLD NORTH STATE PAC**

Mailing Address PO BOX 97275

City  
RALEIGH

State  
NC

Zip Code  
27624

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**OLD NORTH STATE PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Other

State: District:

Date of Disbursement

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

FEC Identification Number

**C** C00633818

**Transaction ID : B24D0FEB44:**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City  
SANTA FE

State  
NM

Zip Code  
87594

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Lujan, Ben, Ray, Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	8

FEC Identification Number

**C** C00443689

**Transaction ID : B4D70B95C/**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Poliquin for Congress**

Mailing Address P.O Box 50

City  
Oakland

State  
ME

Zip Code  
04963-0050

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Poliquin, Bruce, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2018

FEC Identification Number

**C** C00518654

**Transaction ID : BB850E7C96**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TED BUDD FOR CONGRESS**

Mailing Address PO BOX 97127

City  
RALEIGH

State  
NC

Zip Code  
27624

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Budd, Ted, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NC District: 13

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2018

FEC Identification Number

**C** C00614776

**Transaction ID : B3709D757Bf**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Yoder for Congress, Inc.**

Mailing Address P.O. Box 26742

City  
Overland Park

State  
KS

Zip Code  
66225-6742

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Yoder, Kevin, W., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2018

FEC Identification Number

**C** C00472365

**Transaction ID : B29376881C**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. YOUNG KIM FOR CONGRESS**

Mailing Address PO BOX 2186

City  
FULLERTON

State  
CA

Zip Code  
92837

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Kim, Young, , ,**

Office Sought:  House  
 Senate  
 President  
State: CA District: 39

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2018

FEC Identification Number

**C** C00665638

**Transaction ID : B982D55027C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

42000.00



**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"/> 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**

**A. Baldwin for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address 5581 PRESWICK DRIVE

City Dublin State OH Zip Code 43017-7619

Purpose of Disbursement Contribution to Committee, OH Supreme Court

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 13 / 2018

FEC Identification Number C

Transaction ID : BA56739D38I

Amount of Each Disbursement this Period 250.00

Memo Item

**B. DeGenaro for Justice**

Full Name (Last, First, Middle Initial)

Mailing Address 260 N. CASSADY AVE

City Columbus State OH Zip Code 43209-1457

Purpose of Disbursement Contribution to Committee, OH Supreme Court

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 13 / 2018

FEC Identification Number C

Transaction ID : B2B36AA463I

Amount of Each Disbursement this Period 250.00

Memo Item

**C. Wieland Now**

Full Name (Last, First, Middle Initial)

Mailing Address 1015 Castleman Drive

City Imperial State MO Zip Code 63052-3830

Purpose of Disbursement Contribution to MO-22 (Senate), Wieland

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 12 / 2018

FEC Identification Number C

Transaction ID : B479860FBD

Amount of Each Disbursement this Period 500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00