

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
 Check if different than previously reported. (ACC)
Indianapolis IN 46268-1154

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00170258 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2025 through [MM] / [DD] / [YYYY] 10 / 31 / 2025

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

Signature of Treasurer *Grande, Jimi, , Mr.,* Date [MM] / [DD] / [YYYY] 11 / 20 / 2025

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="2025"/>		<input type="text" value="120080.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="176642.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="71830.49"/>	<input type="text" value="634738.15"/>
(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="248472.86"/>	<input type="text" value="754818.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43077.98"/>	<input type="text" value="549424.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="205394.88"/>	<input type="text" value="205394.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	67502.60	491780.64
(ii) Unitemized	3277.00	81370.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	70779.60	573151.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	53000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	70779.60	626151.52
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).....	754.76	2019.46
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	296.13	3067.17
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)).....▶	71830.49	634738.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	71830.49	634738.15

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	350.98	4088.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	350.98	4088.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	514500.00
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	227.00	1860.65
(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)).....	227.00	1860.65
29. Other Disbursements (Including Non-Federal Donations).....	0.00	28975.00
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)) ..	43077.98	549424.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43077.98	549424.03

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	70779.60	626151.52
34. Total Contribution Refunds (from Line 28(d))	227.00	1860.65
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70552.60	624290.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	350.98	4088.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	754.76	2019.46
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 403.78	2068.92

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Refund for Fred Edmond's excess contributions was processed on November 20, 2025.

Form/Schedule:

Transaction ID:

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

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

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

A. Adams, David, , ,
 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 - Field Opera
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A3D90EB224BB240FF9C0
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

B. Adams, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Director, Property Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2025
Transaction ID : AEAE3B15A34294B08AEB
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Alaimo, Theodora, , ,
 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) Underwriting Compliance Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : AAE90AE9DF0264CEC849
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	180.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Alexander, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jewelers Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 29 / 2025
Transaction ID : AFC6800FB4BD9471B909
 Amount of Each Receipt this Period 75.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Alldredge, Neil, , ,
 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 ▼ 4230.60

Date of Receipt 10 / 24 / 2025
Transaction ID : A1A266CD86BE5414BBA7
 Amount of Each Receipt this Period 384.60
 Memo Item
 Payroll Deduction: \$192.30/Bi-Weekly

C. Barber, Traci, , ,
 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 of Customer S
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AC5E336AD8863427CB7B
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	579.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Baruffi, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2025
Transaction ID : AF300BCD48A944E8B92C
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

B. Battaglia, Bruce, , ,
 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) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : A14552BCCB6D44884BE8
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

C. Bayless, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8450
 City Lumberton State TX Zip Code 77657-0450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Germania Farm Mutual Insurance Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A272652E61CCD42889B4
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1120.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Beardsley, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Long Ridge Rd
 City Stamford State CT Zip Code 06902-1839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gen Re Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 26 / 2025
Transaction ID : ABE82DC567A394A19AF8
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Belcher, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 618
 City Columbia State MO Zip Code 65205-0618
 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 ▼ 916.67

Date of Receipt 10 / 07 / 2025
Transaction ID : A94096242B8A446D48A0
 Amount of Each Receipt this Period 83.33
 Memo Item
 Payroll Deduction: \$83.33/Bi-Weekly

C. Benedict, Matt, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 430
 City Auburn State NY Zip Code 13021-0430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midstate Mutual Insurance Company Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 03 / 2025
Transaction ID : A6D6634A79C7E4832A57
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
TOTAL This Period (last page this line number only).....	

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

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

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

A. Berger, Robert, , ,
 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) Claims Unit Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A36B10D06B8844BC9973
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Bischoff, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Assistant Vice President, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.74

Date of Receipt 10 / 28 / 2025
Transaction ID : A6EB5255425294ACF82B
 Amount of Each Receipt this Period 208.34
 Memo Item
 Payroll Deduction: \$104.17/Bi-Weekly

C. Bollinger, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 75
 City Green Village State NJ Zip Code 07935-0075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater New York Mutual Insurance Comp Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 14 / 2025
Transaction ID : A1D59634582A54774896
 Amount of Each Receipt this Period 750.00
 Memo Item
 Payroll Deduction: \$750.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	998.34
TOTAL This Period (last page this line number only).....	

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

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

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

A. Bourque, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11409
 City Portland State ME Zip Code 04104-7409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Maine Employers' Mutual Insurance Comp President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2025
Transaction ID : A1526472068EA40E3B06
 Amount of Each Receipt this Period 1850.00
 Memo Item

B. Boyer, Todd, , ,
 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) Occupation (for Individual)
 Ohio Mutual Insurance Group Vice President, Corporate Communicat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 724.10

Date of Receipt 10 / 21 / 2025
Transaction ID : A902601834B0742DEAB8
 Amount of Each Receipt this Period 50.26
 Memo Item
 Payroll Deduction: \$25.13/Bi-Weekly

C. Braiman, Daniel, , ,
 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) Occupation (for Individual)
 Pennsylvania Lumbermens Mutual Insuran Loss Control Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A6DD5735E65854C1E88F
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2020.26
TOTAL This Period (last page this line number only).....	

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

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

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

A. Briscoe, Sean, , ,
 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 ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A6AA924701F274D1FA0E
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

B. Brown, Chris, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 Lacy Dr
 City Junction City State KS Zip Code 66441-7574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Upland Mutual Insurance, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 01 / 2025
Transaction ID : A412B55D9F56B4C1AA74
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Brown, Heather, , ,
 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) Commercial Lines Underwriting Manage
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 671.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A92E53FD30137421C859
 Amount of Each Receipt this Period 66.00
 Memo Item
 Payroll Deduction: \$33.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	386.00
TOTAL This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Bubeck, Kathy, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1134 N 9th St
 Ste 150
 City Milwaukee State WI Zip Code 53233-1499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Badger Mutual Insurance Company Occupation (for Individual) Vice President, Claims/Corporate Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2025
Transaction ID : A8B032213E13443F791C
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Cadd, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Madison Ave
 FI 3
 City New York State NY Zip Code 10016-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater New York Mutual Insurance Comp Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 14 / 2025
Transaction ID : A53A9BE02BFE044AAA7B
 Amount of Each Receipt this Period 750.00
 Memo Item
 Payroll Deduction: \$750.00/Bi-Weekly

C. Carrillo, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Mischief Ln
 City Rockwall State TX Zip Code 75032-8451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Germania Farm Mutual Insurance Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A215BAD9F668B4A24882
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Carter, Dawn, , ,
 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) Underwriting Quality Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : ADE5F589C3C664BDD873
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

B. Cavanagh, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1463
 City Minneapolis State MN Zip Code 55440-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Vice President - Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 28 / 2025
Transaction ID : AE05108CA810247AD902
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Clark, Patrick, , ,
 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) HSB Occupation (for Individual) Vice President, Client Company Manage
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2025
Transaction ID : A2F18EF7C97FA488BAFF
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	180.84
TOTAL This Period (last page this line number only).....	

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

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

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

A. Cogdil, Nina, , ,
 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) Territory Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A7E2B6A4C67194609A8E
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Collins, Erin, , ,
 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) Namic Occupation (for Individual) Senior Vice President - State and Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4115.30

Date of Receipt 10 / 24 / 2025
Transaction ID : A949501A8C3674F43AA6
 Amount of Each Receipt this Period 192.30
 Memo Item
 Payroll Deduction: \$96.15/Bi-Weekly

C. Combs, Chad, , ,
 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 Ins Group Occupation (for Individual) Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 544.15

Date of Receipt 10 / 21 / 2025
Transaction ID : A767743ABEB7D48DB99F
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	312.30
TOTAL This Period (last page this line number only).....	

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

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

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

A. Combs, Chad, , ,
 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 Ins Group Occupation (for Individual) Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 564.98

Date of Receipt 10 / 23 / 2025
Transaction ID : A4D7583B8909244C891F
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Connelly, Kenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11409
 City Portland State ME Zip Code 04104-7409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maine Employers' Mutual Insurance Comp Occupation (for Individual) Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt 10 / 01 / 2025
Transaction ID : AE62BE60505D54810BC6
 Amount of Each Receipt this Period 705.00
 Memo Item

C. Cotto, Anthony, , ,
 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 Auto and Underwriting Poli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A9F06DBC571AD41A4BD6
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	755.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Couchman, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 77th St W
 Ste 200
 City Edina State MN Zip Code 55435-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Executive Vice President Underwritin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 10 / 28 / 2025
Transaction ID : A578A7CE8AACD4F08967
 Amount of Each Receipt this Period 115.41
 Memo Item
 Payroll Deduction: \$38.47/Bi-Weekly

B. Daigle, Lori, , ,
 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 Insurance Company Occupation (for Individual) Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A5CB7FBE2ED7E41CA83E
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. DAlessio, Christopher, , ,
 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 Group Occupation (for Individual) AVP - Commercial Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 479.24

Date of Receipt 10 / 28 / 2025
Transaction ID : A965035AA5543490F839
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	156.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DeCarlo, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Madison Ave
 FI 3
 City New York State NY Zip Code 10016-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater New York Mutual Insurance Comp Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 14 / 2025
Transaction ID : ABA34272FF3E64FDB8D5
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Dehetre, Michael, , ,
 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) Account Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 29 / 2025
Transaction ID : A803A4ACD771F4B9BAA4
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. DeLucia, John, , ,
 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 ▼ 2244.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AEFB35EB9D93645998B2
 Amount of Each Receipt this Period 320.00
 Memo Item
 Payroll Deduction: \$160.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2070.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DeMartini, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Merritt 7 Ste 3
 City Norwalk State CT Zip Code 06851-7002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guy Carpenter & Company, LLC Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : AD9040243F20949DDBE4
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

B. DePasquale, Frank, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 E Woodlawn Ave
 City Hastings State MI Zip Code 49058-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hastings Mutual Insurance Company Occupation (for Individual) Chief Underwriting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2025
Transaction ID : A6EF18F19DC3A41569E2
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Devereaux, Mark, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jewelers Mutual Insurance Company Occupation (for Individual) Vice President, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2025
Transaction ID : AE9AB1B4304494C45AEA
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	570.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DeVore, Shelly, , ,
 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A6DFAA538783D48FCB6D
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Dietrich, Martin, A., ,
 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 10 / 14 / 2025
Transaction ID : A9249F36BA5474B2BA2E
 Amount of Each Receipt this Period 500.00
 Memo Item

C. DiGangi, Lindsey, , ,
 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 Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A979E48CE7A834F3A9A3
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	660.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dockendorf, Rich, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 77th St W
 Ste 200
 City Edina State MN Zip Code 55435-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Director, Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A58F674E7914C47D3899
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Dodson, Katherine, , ,
 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) United Ohio Insurance Company Occupation (for Individual) Claims Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A8EA36E3A1EA94AFC9E7
 Amount of Each Receipt this Period 21.00
 Memo Item
 Payroll Deduction: \$10.50/Bi-Weekly

C. Duarte, Susana, , ,
 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) Senior Vice President - Strategic Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1138.45

Date of Receipt 10 / 02 / 2025
Transaction ID : AED97FBE7A01E47A7AE9
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	301.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Duarte, Susana, , ,
 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) Senior Vice President - Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1253.83

Date of Receipt 10 / 24 / 2025
Transaction ID : A67AF85ADFF2D4A7D865
 Amount of Each Receipt this Period 115.38
 Memo Item
 Payroll Deduction: \$57.69/Bi-Weekly

B. Duveneck, Katherine, , ,
 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 ▼ 2552.00

Date of Receipt 10 / 24 / 2025
Transaction ID : AFC10DBAD4D1E4F9E836
 Amount of Each Receipt this Period 232.00
 Memo Item
 Payroll Deduction: \$116.00/Bi-Weekly

C. Dyer, Amy, , ,
 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) AMD Claims Unit Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A25E608A9D5724F5D8A6
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	367.38
TOTAL This Period (last page this line number only).....	

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

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

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

A. Edmond, Fred, A., , 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 Insurance Company Occupation (for Individual) Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5092.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A800C4C90AC2F461AB29
 Amount of Each Receipt this Period 372.00
 Memo Item
 Payroll Deduction: \$186.00/Bi-Weekly

B. Edmond, Fred, A., , 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 Insurance Company Occupation (for Individual) Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4906.00

Date of Receipt 10 / 12 / 2025
Transaction ID : A6C63DDC1DD674CEC8EC
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ehlert, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 645
 City Brenham State TX Zip Code 77834-0645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Germania Farm Mutual Insurance Associa Occupation (for Individual) Board Chair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AC3F47763FAAA4E9287F
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1372.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Emerson, David, B., ,
 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 10 / 07 / 2025
Transaction ID : A3C89E2231A4E47B69F6
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Eriksen, Andrew, M., ,
 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 ▼ 250.00

Date of Receipt 10 / 22 / 2025
Transaction ID : AFFBC37C1E6D047BFB9A
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fasoldt, Jeffrey, , ,
 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) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.66

Date of Receipt 10 / 24 / 2025
Transaction ID : A743F9355B0DB43F9B63
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ferris, Daniel, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Mutual Way
 City Neenah State WI Zip Code 54956-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SECURA Insurance Company Occupation (for Individual) SVP, Chief Legal Officer & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 10 / 24 / 2025
Transaction ID : ADCEEF0C7A9B94C9185E
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

B. Firko, Steve, , ,
 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, Business Dev, L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A0519B0861FDD4884920
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

C. Fortner, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AFC403827B6AE41BDAE2
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Foy, Bethany, , ,
 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) United Ohio Insurance Company Occupation (for Individual) Business Lines Service Center Manage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AA351ED330AEC48AFA10
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Froment, Jillian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Haviland Rd
 City Columbus State OH Zip Code 43220-4626
 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 ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : A97FC2D761ED242CD852
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

C. Fry, Donald, , ,
 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 ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : AB5CE812C266E44CFADB
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fugate, Ron, , ,
 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 Insurance Company Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A1792A89905A64A31984
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Gagen, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) Assistant Vice President, Human Resor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : AAAC30B6987394FF68E7
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

C. Gainey, Wes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 837 N Hall of Fame Dr
 City Knoxville State TN Zip Code 37917-6716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FMT Insurance Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A2621C014081C477D85A
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Galfetti, Jennifer, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 158
 City Montpelier State VT Zip Code 05601-0158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union Mutual Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2025
Transaction ID : A5FC60579CD604EA9BF8
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ganguzza, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 NW 65th St Ste 300
 City Boca Raton State FL Zip Code 33487-2864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A138C4A3A748B4493930
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

C. Garber, Sean, , ,
 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 ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : A780A7CA1B8C246D0B7B
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	620.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gearhart, Wayne, F., ,
 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 Occupation (for Individual) Senior Vice President & Chief Operatin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.74

Date of Receipt 10 / 28 / 2025
Transaction ID : A1B14396EF06644198EB
 Amount of Each Receipt this Period 208.34
 Memo Item
 Payroll Deduction: \$104.17/Bi-Weekly

B. Gerlach, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S Ridge Ave
 City Steeleville State IL Zip Code 62288-2115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Randolph Mutual Insurance Co. Occupation (for Individual) Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A19540582968C41C0ABD
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Gerlach, Andy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 156
 City Steeleville State IL Zip Code 62288-0156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Randolph Mutual Insurance Co. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A209202D4F9534F79964
 Amount of Each Receipt this Period 4700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5208.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gibbel, Henry, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 900
 City Lititz State PA Zip Code 17543-7007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lititz Mutual Insurance Company Occupation (for Individual) President & CEO
 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
 10 / 01 / 2025
Transaction ID : AC43DB79F50C3470EBEE
 Amount of Each Receipt this Period
 4000.00
 Memo Item

B. Givan, Jordan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6400 Brotherhood Way
 City Fort Wayne State IN Zip Code 46825-4235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brotherhood Mutual Insurance Company Occupation (for Individual) Director of Actuarial Research
 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
 10 / 27 / 2025
Transaction ID : AC19F7BB59B3840EBA10
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Gorham, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9300 Avalanche Canyon Drive
 City Jackson State WY Zip Code 83001-9002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater New York Mutual Insurance Comp Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2025
Transaction ID : AC9596D68C1324B609AE
 Amount of Each Receipt this Period
 750.00
 Memo Item
 Payroll Deduction: \$750.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	4780.00
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 32 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Greenfield, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 S 4th St
 City Philadelphia State PA Zip Code 19106-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Philadelphia Contributionship Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A98EBD7BC75474DFF898
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Gremillion, Ingrid, , ,
 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 Occupation (for Individual) PAC Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1210.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A3FD4671E85824E69A70
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Hall, Richard, , ,
 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, Underwriting
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 920.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A3D186902377F4E49A7E
 Amount of Each Receipt this Period 240.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2780.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hamilton, Jennifer, , ,
 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) NAMICO Occupation (for Individual) NAMICO President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3700.22

Date of Receipt 10 / 28 / 2025
Transaction ID : AFD3C58ABCD8441059BE
 Amount of Each Receipt this Period 76.94
 Memo Item
 Payroll Deduction: \$38.47/Bi-Weekly

B. Hanna, Heidi, , ,
 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 10 / 22 / 2025
Transaction ID : AEBE2B9AF9E794ABA8B3
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Harden, Charles, , ,
 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) Claims Supervisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : A9F36DDE71CED49188B6
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	347.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Harris, Pattie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 77th St W
 Ste 200
 City Edina State MN Zip Code 55435-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Occupation (for Individual) Executive Vice President – Prodi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2211.45

Date of Receipt 10 / 28 / 2025
Transaction ID : A2DD5E31B9B8D4890857
 Amount of Each Receipt this Period 288.45
 Memo Item
 Payroll Deduction: \$96.15/Bi-Weekly

B. Harrold, Jeffrey, F., ,
 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) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 27 / 2025
Transaction ID : AF39F3A950DDC4F6B973
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Hassett, Crista, , ,
 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 Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 10 / 13 / 2025
Transaction ID : AF3AC86EDF64E458BB80
 Amount of Each Receipt this Period 1950.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4738.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Heeren, Shane, , ,
 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 Occupation (for Individual) Vice President, Marketing & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A45215F05F8384F42980
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$70.00/Bi-Weekly

B. Heyroth, Timothy, , ,
 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 Company Occupation (for Individual) Vice President - Chief Sales Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A47D6CDEFBE1B469CAD5
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

C. Hill, John, T., , II
 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) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 10 / 14 / 2025
Transaction ID : A190CAE74C60C4A4F8AC
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	858.00
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 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hill, Marcus, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 88
 City Fort Worth State TX Zip Code 76101-0088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) agworkers mutual Occupation (for Individual) Chairman & Board President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A2EFDD450E90E4220B3C
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hill, Marcus, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 88
 City Fort Worth State TX Zip Code 76101-0088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) agworkers mutual Occupation (for Individual) Chairman & Board President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AADA0B0E934C04CE1A16
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Hinson, Laura, , ,
 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 ▼ 916.67

Date of Receipt 10 / 07 / 2025
Transaction ID : A04690B6AEECD4CC7A4F
 Amount of Each Receipt this Period 83.33
 Memo Item
 Payroll Deduction: \$83.33/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hoeller, Heidi, , ,
 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) Independent Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 08 / 2025
Transaction ID : A024EC047303E44029C5
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Holbrook, Jennifer, , ,
 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 Commercial Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : AB1E19382E96A4A74BFF
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

C. Holmes, Celeste, , ,
 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) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2025
Transaction ID : A14B80E35A0AD4686895
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Holub, Bryant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4824

City Wichita Falls	State TX	Zip Code 76308-0824
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) HOLUB INSURANCE AGENCY	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2025
Transaction ID : A07ADC4E070D0454AAAD

Amount of Each Receipt this Period
500.00

Memo Item

B. Horak, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 77th St W
 Ste 200

City Edina	State MN	Zip Code 55435-4820
---------------	-------------	------------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) Vice President - Business Intelligence
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2025
Transaction ID : A4D0061E3B1BB43F7B1D

Amount of Each Receipt this Period
60.00

Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

C. Jamison, Harold, , ,
 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, Regulatory Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2025
Transaction ID : ACCA53736AE404E80A9C

Amount of Each Receipt this Period
120.00

Memo Item

Payroll Deduction: \$120.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	680.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Jaynes, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1134 N 9th St
 Ste 150
 City Milwaukee State WI Zip Code 53233-1499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Badger Mutual Insurance Company Occupation (for Individual) Human Resources Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 15 / 2025
Transaction ID : AB3ABCD590BD44F8BA0C
 Amount of Each Receipt this Period 22.00
 Memo Item
 Payroll Deduction: \$11.00/Bi-Weekly

B. Johnson, Gary, , ,
 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, Commercial Lines Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 784.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A42598FD78C994DE0ADE
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Jolley, Jeffrey, , ,
 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) United Ohio Insurance Company Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A33D378B804874B26BB8
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	122.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kaehr, Tom, , ,
 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) NAMIC Insurance Company, Inc. Occupation (for Individual) Chief Financial Officer & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 10 / 28 / 2025
Transaction ID : A3E9E217F3D6E4DD0A9E
 Amount of Each Receipt this Period 38.46
 Memo Item
 Payroll Deduction: \$19.23/Bi-Weekly

B. Karol, Thomas, , ,
 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) General Counsel - Federal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.12

Date of Receipt 10 / 24 / 2025
Transaction ID : A9890A998A67643B582F
 Amount of Each Receipt this Period 90.92
 Memo Item
 Payroll Deduction: \$45.46/Bi-Weekly

C. Kellner, Frank, P., , 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, Administrative Operati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 10 / 28 / 2025
Transaction ID : A8E6ED1303A2341F5BD2
 Amount of Each Receipt this Period 83.34
 Memo Item
 Payroll Deduction: \$41.67/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	212.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Kelton, Brent, , ,
 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) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.67

Date of Receipt 10 / 07 / 2025
Transaction ID : A405565F8612F4FA1930
 Amount of Each Receipt this Period 83.33
 Memo Item
 Payroll Deduction: \$83.33/Bi-Weekly

B. Kennealy, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Lakewood Ave
 City Medford State NJ Zip Code 08055-3467
 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 ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A3D5033FD6D3447A1882
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

C. Kenney, Travis, , ,
 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) Billing Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2025
Transaction ID : A1473EC66512243FEB90
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	243.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kent, Susan, , ,
 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 & Chief Analytics Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AB31069A948EB464D817
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Kilrain, Tricia, , ,
 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 - Field Opera
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.75

Date of Receipt 10 / 07 / 2025
Transaction ID : A7705569F6E4D44E0B0D
 Amount of Each Receipt this Period 115.50
 Memo Item
 Payroll Deduction: \$115.50/Bi-Weekly

C. Kinley, Kristy, , ,
 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) Assistant Vice President, Internal Aud
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A5F268D29BA8243F2BB1
 Amount of Each Receipt this Period 22.00
 Memo Item
 Payroll Deduction: \$11.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	157.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kivell, Bud, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Arkansas Insurance Company, Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A2D49600F85E644039A9
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Klestinski, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8215 Greenway Blvd
 City Middleton State WI Zip Code 53562-3685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SECURA Insurance Company Occupation (for Individual) Chief Underwriting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A6EBD41F929AD49E8B5A
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Knudsen, Andy, , ,
 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 Insurance Occupation (for Individual) Executive Vice President, Chief Operat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 10 / 28 / 2025
Transaction ID : ACEBF9DB6D53A4F13A57
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Kraus, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Mutual Way
 City Neenah State WI Zip Code 54956-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SECURA Insurance Company Occupation (for Individual) Executive Assistant to President and C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 24 / 2025
Transaction ID : AA33718D4AC34433DA64
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Kreul, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Jewelers Park Dr
 City Neenah State WI Zip Code 54956-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jewelers Mutual Insurance Company Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 29 / 2025
Transaction ID : AAC3603E98D584F419A2
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

C. Kriens, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 527 Colman Center Dr
 City Rockford State IL Zip Code 61108-2747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) Assistant Vice President, Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 07 / 2025
Transaction ID : AAB17B87B5C10473D903
 Amount of Each Receipt this Period 19.24
 Memo Item
 Payroll Deduction: \$19.24/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	104.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Kristjanson, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1463
 City Minneapolis State MN Zip Code 55440-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Assistant Vice President of Commercial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A5BAA460C3452486B938
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Krumlauf, Clare, , ,
 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) Assistant Vice President Casualty Clai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AB745CD198B6241BDA16
 Amount of Each Receipt this Period 24.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

C. Laipply, Emily, , ,
 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) Product Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A4BA036FDF1CB45A28F5
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	164.00
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 46 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lallier, Bailey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Winterberry Dr
 City Amherst State NH Zip Code 03031-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concord General Mutual Insurance Compa Occupation (for Individual) AVP of Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 22 / 2025**
Transaction ID : A1E8532B4B68C4B7488E
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lambert, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 328
 City Blountville State TN Zip Code 37617-0328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Tennessee Mutual Insurance Compan Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **10 / 31 / 2025**
Transaction ID : ADE30A6CEE14344F58E6
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lear, Justin, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 396
 City Ellinwood State KS Zip Code 67526-0396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eagle Mutual Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **10 / 31 / 2025**
Transaction ID : ABCFC379F64CC4A6DBEF
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
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 47 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼
2005.26

Date of Receipt
10 / 14 / 2025

Transaction ID : AE4073717EE5746438A1

Amount of Each Receipt this Period
208.32

Memo Item

Payroll Deduction: \$208.32/Bi-Weekly

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

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 Ins Group	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4783.26

Date of Receipt
10 / 28 / 2025

Transaction ID : A6367A182982A425ABDC

Amount of Each Receipt this Period
416.66

Memo Item

Payroll Deduction: \$208.33/Bi-Weekly

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

Mailing Address **515 FM 359 Rd
Ste 104**

City Richmond	State TX	Zip Code 77406-2583
------------------	-------------	------------------------

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

Name of Employer (for Individual) Germania Farm Mutual Insurance Associa	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 07 / 2025

Transaction ID : AAC42E8F6A0EF4A6F978

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1124.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lubbers, Maria, , ,
 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) Operations Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AF248EC71488C4715998
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. Marazzo, John, F., ,
 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 and Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AFF1C3A6A16CF4463B0B
 Amount of Each Receipt this Period 120.00
 Memo Item
 Payroll Deduction: \$120.00/Bi-Weekly

C. Martinez, Shane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10820 Harney St
 City Omaha State NE Zip Code 68154-2638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia National Insurance Company Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 353.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A3F3758D110F64F78A46
 Amount of Each Receipt this Period 38.50
 Memo Item
 Payroll Deduction: \$19.25/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	218.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Martin, Ronald, R., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Vice President, Business Compliance &
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A600C355D25A84FB5A24
 Amount of Each Receipt this Period 22.00
 Memo Item
 Payroll Deduction: \$22.00/Bi-Weekly

B. Martin, Zachary, , ,
 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 Insurance Company Occupation (for Individual) Vice President of Actuarial, Risk and
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A71CE308741774E0EBB4
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

C. Mashinski, Karen, , ,
 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, Treasurer & CFO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 2291.74

Date of Receipt 10 / 28 / 2025
Transaction ID : A029EDF9E17DD438487D
 Amount of Each Receipt this Period 208.34
 Memo Item
 Payroll Deduction: \$104.17/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	308.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McAllister, Karen, , ,
 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 Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A615C9EE1E8FF42AA80D
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. McCarty, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 Ste 510
 City Washington State DC Zip Code 20001-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2025
Transaction ID : AD73CF0F1FEA94BA2B0F
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. McCormack, James, , ,
 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 - Information
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A236CD8D6DB664B13853
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McMillan, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Insurance Sq
 City Celina State OH Zip Code 45822-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Celina Mutual Insurance Company Occupation (for Individual) Senior Director of Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2025
Transaction ID : AA9D809E46D33458F93F
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. McTague, Teresa, , ,
 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 ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : A7ADCB83D7E624F6BAFE
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

C. Melchionni, Ellen, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Washington Ave
 City Albany State NY Zip Code 12210-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater New York Mutual Insurance Comp Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 14 / 2025
Transaction ID : A0DAE2C8815844E0F960
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1020.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Merrihew, Scott, G., ,
 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 Insurance Company Occupation (for Individual) Assistant Vice President - Commercial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 28 / 2025
Transaction ID : AB68EE905152D4B7B9EE
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$39.00/Bi-Weekly

B. Midgley, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 77th St W Ste 200
 City Edina State MN Zip Code 55435-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A15D1FEF8F5994FC8BDA
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Miller, Teri, , ,
 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 Group Occupation (for Individual) Assistant Vice President & Corporate C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2025
Transaction ID : AA23EF8E14CEF42239BB
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.00
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 53 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Miller, Terri, , ,
 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 10 / 22 / 2025
Transaction ID : A4B76D0FD7B1740B7979
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Muller, Carolyn, B., ,
 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) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2025
Transaction ID : A5E628401A4824E3987C
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Murphy, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jewelers Mutual Group Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2025
Transaction ID : A10BA8A8342C6445FA8D
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	770.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nelson, Bryon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Jewelers Park Dr
 City Neenah State WI Zip Code 54956-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jewelers Mutual Insurance Company Occupation (for Individual) Vice President, Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2025
Transaction ID : A71D4338F4AE44A659C5
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Newmister, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1191 Buckeystown Pike
 City Adamstown State MD Zip Code 21710-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frederick Mutual Insurance Company Occupation (for Individual) Spouse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A992C53A4FB1C42A7841
 Amount of Each Receipt this Period 885.00
 Memo Item

C. Nigro, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1134 N 9th St Ste 150
 City Milwaukee State WI Zip Code 53233-1499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Badger Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2025
Transaction ID : ADA764E3562834E74A37
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1005.00
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 55 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Nykaza, Pamela, , ,
 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) Assistant Vice President, Research & D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A91CBF97B909A473F80D
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Ollikainen, Shannon, , ,
 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) Namic Occupation (for Individual) Chief of Staff/Assistant Corporate Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A794E27B0F07C4644A9E
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Ott, Stephen, , ,
 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 IT & Building Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A701E624592FC4D09AD3
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Overturf, Matt, , ,
 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) Regional Vice President Ohio Valley &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A0808B9865F2A44B0B47
 Amount of Each Receipt this Period 90.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Owen, Claire, , ,
 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) Vice President & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A112F3A8A54134CB988D
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Palmer, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Killoe Rd
 City Pea Ridge State AZ Zip Code 72751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Vice Chairman, Board of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AAD83C1844C824AE4990
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	190.00
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 57 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Pearson, Jill, , ,
 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) Executive Secretary/Human Resource /
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A8501393BB2CA4F569BC
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Pike, Mike, , ,
 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 10 / 22 / 2025
Transaction ID : A7B8F31D9112846CE8E4
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Porter, Shaela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 W South St
 City Franklin Grove State IL Zip Code 61031-9521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bradford Victor-Adams Mutual Insurance Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 08 / 2025
Transaction ID : A357CE9C437CD4C40B7F
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Porter, Shaela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 W South St
 City Franklin Grove State IL Zip Code 61031-9521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bradford Victor-Adams Mutual Insurance Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 10 / 2025
Transaction ID : AAFC69F54A2EE44C79CA
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Post, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 77th St W Ste 200
 City Edina State MN Zip Code 55435-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Vice President, Commercial Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A50685A0347BB41B3B30
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Presler, Andrea, , ,
 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) Auto Material Damage Strategy Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A91585D07048C4F92A17
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Reed, Brigitte, , ,
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) Accounts Receivable Supervisor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt
10 / 28 / 2025
Transaction ID : AB997F8FDAC724BF9A9C

Amount of Each Receipt this Period
20.84

Memo Item
Payroll Deduction: \$10.42/Bi-Weekly

B. Reed, Ken, , ,
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) Underwriting Manager, Farm & Agribus
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
10 / 31 / 2025
Transaction ID : AFE625EB7A807480D99F

Amount of Each Receipt this Period
20.84

Memo Item
Payroll Deduction: \$20.84/Bi-Weekly

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

Mailing Address 1015 N Midkiff Rd
Ste A

City Midland	State TX	Zip Code 79701-2126
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Germania Farm Mutual Insurance Associa	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 07 / 2025
Transaction ID : AA47631C4462147E0944

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	291.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Reid, Vernon, , ,
 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) Board Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : AE1A6556801A34EFFB74
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

B. Rich, Sandra, , ,
 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) Board Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : A85D03F6404064410AC1
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

C. Riddle, Mendi, , ,
 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 Group Occupation (for Individual) Vice President, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1694.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A1A17760FD2A64400892
 Amount of Each Receipt this Period 154.00
 Memo Item
 Payroll Deduction: \$77.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	654.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rieth, Aaron, , ,
 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) VP - Excess & Surplus
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A9C384C5C2EE5459FABC
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

B. Rinehart, Julie, , ,
 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) Vice President - Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 531.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AE2D3149DF797491AADE
 Amount of Each Receipt this Period 44.00
 Memo Item
 Payroll Deduction: \$22.00/Bi-Weekly

C. Rink, Jeffrey, , ,
 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 Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2291.74

Date of Receipt 10 / 28 / 2025
Transaction ID : A92E5A403730C4182BCD
 Amount of Each Receipt this Period 208.34
 Memo Item
 Payroll Deduction: \$104.17/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	352.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robinson, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A12EA3D1DF5E04F33883
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Roderick, Christina, L., ,
 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) Senior Underwriting Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AC5ABE3F659DB441EB99
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Rosenwinkel, Kate, , ,
 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) Commercial Underwriting Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 07 / 2025
Transaction ID : A0EAFAAF2398C4BAFBEE
 Amount of Each Receipt this Period 38.46
 Memo Item
 Payroll Deduction: \$38.46/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	128.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rose, Wendy, , ,
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 Unit Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt
10 / 21 / 2025
Transaction ID : **AEBB80592CA0041DDB57**

Amount of Each Receipt this Period
24.00

Memo Item
Payroll Deduction: \$12.00/Bi-Weekly

B. Rowland, Rhonda, , ,
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) Personal Lines Underwriting Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt
10 / 21 / 2025
Transaction ID : **A1AE644ECC83F41A3AFB**

Amount of Each Receipt this Period
60.00

Memo Item
Payroll Deduction: \$30.00/Bi-Weekly

C. Salati, Nathan, , ,
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 Financial Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2211.45

Date of Receipt
10 / 24 / 2025
Transaction ID : **AD18D76A9DFBD4042946**

Amount of Each Receipt this Period
384.60

Memo Item
Payroll Deduction: \$192.30/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	468.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sander, Benedikt, , ,
 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) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2669.25

Date of Receipt 10 / 21 / 2025
Transaction ID : ACE813564A6EE487DBA8
 Amount of Each Receipt this Period 96.25
 Memo Item
 Payroll Deduction: \$96.25/Bi-Weekly

B. Sandusky, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6070 Newport Rd
 City Portage State MI Zip Code 49002-9234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 22 / 2025
Transaction ID : AD41D845B6BBF4A2FA3F
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schmader, Eric, P., ,
 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 Ins Co of Marble, Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 12 / 2025
Transaction ID : A9E2EBE43BCDB4DEA95C
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	446.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schnettler, Sarah, , ,
 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 Occupation (for Individual) SVP - Member Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 10 / 2025
Transaction ID : A617BFB4BA26045AC881
 Amount of Each Receipt this Period 192.30
 Memo Item
 Payroll Deduction: \$192.30/Bi-Weekly

B. Schuettpelz, Chad, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 59
 City Lena State WI Zip Code 54139-0059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maple Valley Mutual Insurance Company Occupation (for Individual) President & General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 07 / 2025
Transaction ID : ABE40598C547B4EA4B6A
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Segal, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Madison Ave FI 3
 City New York State NY Zip Code 10016-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater New York Mutual Insurance Comp Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 14 / 2025
Transaction ID : A58F85E4EA0044A6D821
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5942.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Shuster, Peggy, , ,
 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) Claims Unit Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A5E4927E418B841CC90F
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Simpson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 W Poplar St
 City Rogers State AR Zip Code 72756-4443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Protective Mutual Insurance Co Occupation (for Individual) Chairman, Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AF4298F3E19D84186BA8
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Sisk, Jonathan, D., ,
 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) Vice President, Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 279.18

Date of Receipt 10 / 14 / 2025
Transaction ID : A3534483C22834D5FB2B
 Amount of Each Receipt this Period 29.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.16
TOTAL This Period (last page this line number only).....	

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

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

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

A. Smith, Abigail, , ,
 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) Board Chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2025
Transaction ID : AB81A296FD10D43E5AE6
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll Deduction: \$250.00/Bi-Weekly

B. SMITH, JOHN, K., ,
 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) PLM Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2580.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A0D1C8AB869CD4D74A3C
 Amount of Each Receipt this Period 360.00
 Memo Item
 Payroll Deduction: \$360.00/Bi-Weekly

C. SMITH, JOHN, K., ,
 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) PLM Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4940.00

Date of Receipt 10 / 29 / 2025
Transaction ID : AABB8857A3EEC4A5A828
 Amount of Each Receipt this Period 2360.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2970.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Smith, Marcella, , ,
 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) Chief Administrative Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 451.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A61298EFCF2F348A8A67
 Amount of Each Receipt this Period 42.00
 Memo Item
 Payroll Deduction: \$21.00/Bi-Weekly

B. Smull, Katie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 686
 City Forreton State IL Zip Code 61030-0686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forreton Mutual Insurance Company Occupation (for Individual) Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A43AB542F04F8402C8B3
 Amount of Each Receipt this Period 1200.00
 Memo Item

C. Snyder, Brian, , ,
 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) Namic Occupation (for Individual) Senior Membership Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 946.34

Date of Receipt 10 / 24 / 2025
Transaction ID : A5C7F956595A94BE0BD5
 Amount of Each Receipt this Period 76.94
 Memo Item
 Payroll Deduction: \$38.47/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1318.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Snyder, Jennifer, , ,
 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) Claims Litigation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 21 / 2025
Transaction ID : A5E0CC5C1A9DF4C84B7C
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Snyder, Lisa, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 717
 City Graham State NC Zip Code 27253-0717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alamance Farmers' Mutual Insurance Com Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AA2BBD8CBEE52499DA58
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Snyder, Lisa, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 717
 City Graham State NC Zip Code 27253-0717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alamance Farmers' Mutual Insurance Com Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 09 / 2025
Transaction ID : A2FC1BA50EC994715BB5
 Amount of Each Receipt this Period 60.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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. Sobczak, Jennilee, , ,

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) Lead Underwriter
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2025

Transaction ID : A13BCFACFCBDA460CAD

Amount of Each Receipt this Period
20.84

Memo Item
Payroll Deduction: \$10.42/Bi-Weekly

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

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 - Actuarial &
--	---

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
10		22		2025

Transaction ID : A5D10E11344D940C0B8D

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 23 Royal Rd
Ste 100

City Flemington	State NJ	Zip Code 08822-6054
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2025

Transaction ID : AFD5655D6E66448FEA7B

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	620.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stachowiak, Matthew, , ,
 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) Litigation Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : AAACC05A1341842DB8F5
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

B. Steenken, Erik, , ,
 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 Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A933A8A46D7384FED937
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Stewart, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 40
 City Billings State MO Zip Code 65610-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BMI Company, Inc. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2025
Transaction ID : A45AB351C2FC041D9BB2
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Stout, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Insurance Sq
 City Celina State OH Zip Code 45822-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Celina Mutual Insurance Company Occupation (for Individual) Claims Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2025
Transaction ID : AB66493F4B3C94B67B2C
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Sullivan, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Manager Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AC6A962E8DEF64F0CB17
 Amount of Each Receipt this Period 56.00
 Memo Item
 Payroll Deduction: \$28.00/Bi-Weekly

C. Summerell, Matthew, , ,
 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) Business Development Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : A7F472B3B8FFF4884B04
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	106.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Suppes, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3873 Cleveland Rd
 City Wooster State OH Zip Code 44691-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne Insurance Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 10 / 02 / 2025
Transaction ID : AD823BAF59816442E999
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Suppes, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3873 Cleveland Rd
 City Wooster State OH Zip Code 44691-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne Insurance Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt 10 / 30 / 2025
Transaction ID : A769CF963741344398C2
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Swearingen, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Brighton Ave S
 City Buffalo State MN Zip Code 55313-2303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mid-Minnesota Mutual Insurance Company Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 22 / 2025
Transaction ID : AAE2718160A3040248D0
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Teynor, Melinda, , ,
 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) Commercial Lines Service Center Mana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AD587114DC11645D1A78
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Thames, Geneau, M., ,
 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 Group Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 10 / 28 / 2025
Transaction ID : AA7B0E7284E014056894
 Amount of Each Receipt this Period 83.34
 Memo Item
 Payroll Deduction: \$41.67/Bi-Weekly

C. Thelen, Daniel, J., ,
 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) Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2025
Transaction ID : A722579BAD4214B0F95B
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	613.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Thelen, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 E Grand River Ave
 City Lansing State MI Zip Code 48912-3291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Millers Mutual Insurance Comp Occupation (for Individual) Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A420ADADFDB764345A6F
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Tisdale, Ward, , ,
 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) Regional Vice President - Southwest
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2025
Transaction ID : AAA088E9A60ED441C83B
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

C. Troyer, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 S Main St
 City Orrville State OH Zip Code 44667-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mennonite Mutual Insurance Company Occupation (for Individual) Acting President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.29

Date of Receipt 10 / 11 / 2025
Transaction ID : AB9B7DAF8079B4FADA51
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.66
TOTAL This Period (last page this line number only).....	

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

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

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

A. Vesic, Joe, , ,
 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 Occupation (for Individual) Grassroots Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A9617F091A42B4AEB90D
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Voelter, Dathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5824 Via Dr
 City Austin State TX Zip Code 78735-5403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Germania Farm Mutual Insurance Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AADE8F03D064447A7902
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Volp, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jewelers Mutual Insurance Company Occupation (for Individual) Vice President, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2025
Transaction ID : A62D89028A28A4529A0C
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wadsworth, Robert, A., ,
 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) Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A6A6FF06059704AA2BA0
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Wallen, Andrew, , ,
 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 & Corporate C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AD1DFB34D2AD54481A8E
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Walp, Kristie, M., ,
 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) Farm Lines Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 10 / 21 / 2025
Transaction ID : AA51B0345A4C04C56802
 Amount of Each Receipt this Period 26.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2106.00
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 78 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wellman, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 357
 City New Knoxville State OH Zip Code 45871-0357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) German Farmers Mutual Insurance Compan Occupation (for Individual) Account Executive - Captive & Insuranc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 01 / 2025
Transaction ID : A86A173A08F434F12941
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Wharton, Lisa, , ,
 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) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A936B83D3C6F54EF1B65
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Wicinsky, Garth, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Mutual Way
 City Neenah State WI Zip Code 54956-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SECURA Insurance Company Occupation (for Individual) President & Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 24 / 2025
Transaction ID : A18A7E0907ABA49B7970
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Williams, Curtis, , ,
 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 Insurance Company Occupation (for Individual) Director - Technical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A3507CFBE69764D5A93A
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Williams, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 577
 City Huntingdon State PA Zip Code 16652-0577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual Benefit Group Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 10 / 07 / 2025
Transaction ID : AFEFE3963272B4432863
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Willson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jewelers Mutual Insurance Company Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2025
Transaction ID : AB5FE94F2E2CD48B3872
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	460.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wilson, Caty, , ,
 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) Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : A9C53B597FF7C4574B55
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

B. Wolfgram, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2092
 City Milwaukee State WI Zip Code 53201-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Badger Mutual Insurance Company Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 15 / 2025
Transaction ID : AA6DB67688FEB477B8B5
 Amount of Each Receipt this Period 22.00
 Memo Item
 Payroll Deduction: \$11.00/Bi-Weekly

C. Wright, Beth, , ,
 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 Insurance Company Occupation (for Individual) Chief Claims Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 28 / 2025
Transaction ID : AD51E388059204DB2AB0
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	112.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wrobel, Jeffrey, S., , 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 ▼ 5000.00

Date of Receipt 10 / 14 / 2025
Transaction ID : A40E2556AD5D04A758DD
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Wroe, Patricia, , ,
 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) Premium Audit Supervisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : A339218B7959C42EE8EF
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

C. Yarmel, Ryan, , ,
 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) Business Insight & Analytics Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2025
Transaction ID : A24FFDBD077F4410D84F
 Amount of Each Receipt this Period 22.00
 Memo Item
 Payroll Deduction: \$22.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	242.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yekstat, Bryan, , ,
 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) Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 28 / 2025
Transaction ID : AED8467869F2F40E6881
 Amount of Each Receipt this Period 20.84
 Memo Item
 Payroll Deduction: \$10.42/Bi-Weekly

B. Yesbeck, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 527 Colman Center Dr
 City Rockford State IL Zip Code 61108-2747
 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 ▼ 630.00

Date of Receipt 10 / 07 / 2025
Transaction ID : A30171AB0CFE864C94864
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

C. Young, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 77th St W Ste 200
 City Edina State MN Zip Code 55435-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western National Mutual Insurance Comp Occupation (for Individual) Assistant to the President/Corporate S
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 28 / 2025
Transaction ID : A8E73BD669DE74A8EB95
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	110.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Yuhos, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 E Grand River Ave
 City Lansing State MI Zip Code 48912-3291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Millers Mutual Insurance Comp Occupation (for Individual) Claims Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 28 / 2025
Transaction ID : AE1B41DC1FB9F48B8832
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Zabek, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Broad St
 City Branchville State NJ Zip Code 07826-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FMI Occupation (for Individual) Chief Data Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2025
Transaction ID : ABEB946C1E3644FE59A2
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Zyblewski-Selfe, Erin, , ,
 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, Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 442.75

Date of Receipt 10 / 07 / 2025
Transaction ID : AF3CBB07ED22C468FA74
 Amount of Each Receipt this Period 115.50
 Memo Item
 Payroll Deduction: \$115.50/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	180.50
TOTAL This Period (last page this line number only).....▶	67502.60

**SCHEDULE A (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 94
<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 ▼
1957.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2025

Transaction ID : AC4DAC80B060748AF866

Amount of Each Receipt this Period
692.76

Memo Item
Refund from Corporate for Credit Card & Bank Fees

B. 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 ▼
2019.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2025

Transaction ID : A5F025665C7784CA2865

Amount of Each Receipt this Period
62.00

Memo Item
Refund from Corporate for Bank Account Fees

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	754.76
TOTAL This Period (last page this line number only).....▶	754.76

**SCHEDULE A (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 94
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chase Bank		Date of Receipt
Mailing Address 8751 Michigan Rd		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Indianapolis	State IN	<input type="text"/> 10 / <input type="text"/> 31 / <input type="text"/> 2025
Zip Code 46268-3141		Transaction ID : A4F890D9BA455424B92E
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="text"/> 296.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text"/> 2474.85	Monthly Bank Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt
Mailing Address		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	
Zip Code		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	
Zip Code		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	
	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 296.13
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 296.13

**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. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis

State IN

Zip Code 46268-3141

Purpose of Disbursement

Monthly Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2025			

FEC Identification Number

C [Redacted]

Transaction ID : B1FA3D28D4

Amount of Each Disbursement this Period

[Redacted] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Square

Mailing Address 1455 Market St
Ste 600

City San Francisco

State CA

Zip Code 94103-1332

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2025			

FEC Identification Number

C [Redacted]

Transaction ID : BFBC8CB4Df

Amount of Each Disbursement this Period

[Redacted] 241.98

Memo Item

Full Name (Last, First, Middle Initial)

C. The National Bank of Indianapolis

Mailing Address 107 N Pennsylvania St
Ste 700

City Indianapolis

State IN

Zip Code 46204-2423

Purpose of Disbursement

Monthly Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2025			

FEC Identification Number

C [Redacted]

Transaction ID : B2D51B0B52

Amount of Each Disbursement this Period

[Redacted] 97.00

Memo Item

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

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

350.98

350.98

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. ALASKANS FOR DAN SULLIVAN

Full Name (Last, First, Middle Initial)

Mailing Address 3705 ARCTIC BLVD #447

City Anchorage State AK Zip Code 99503-5774

Purpose of Disbursement
Political Contribution

Candidate Name
Sullivan, Dan, , ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: AK District:

Date of Disbursement: 10 / 14 / 2025

FEC Identification Number: C00570994
Transaction ID : BFD5768213
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. AMERICAN EXCELLENCE PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1327 H STREET STE 101

City Lincoln State NE Zip Code 68508-3751

Purpose of Disbursement
Political Contribution

Candidate Name
AMERICAN EXCELLENCE PAC

Office Sought: House Senate President
Disbursement For: 2025 Primary General Other (specify) Other

State: District:

Date of Disbursement: 10 / 14 / 2025

FEC Identification Number: C00832501
Transaction ID : BBF6D8E4A3
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. ARKANSAS FOR LEADERSHIP PAC (ARKPAC)

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1672

City Alexandria State VA Zip Code 22313-1672

Purpose of Disbursement
Political Contribution

Candidate Name
ARKANSAS FOR LEADERSHIP PAC (ARKPAC)

Office Sought: House Senate President
Disbursement For: 2025 Primary General Other (specify) Other

State: District:

Date of Disbursement: 10 / 14 / 2025

FEC Identification Number: C00413948
Transaction ID : B86A2EB4C
Amount of Each Disbursement this Period: 3500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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. BADLANDS PAC

Mailing Address PO BOX 26141

City
Alexandria

State
VA

Zip Code
22313-6141

Purpose of Disbursement

Political Contribution

Candidate Name

BADLANDS PAC

Office Sought:

 House
 Senate
 President

Disbursement For: 2025

 Primary General
 Other (specify) ▼
Other

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00543207

Transaction ID : BCECE1B241

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cleaver for Congress

Mailing Address P.O.BOX 411872

City
Kansas City

State
MO

Zip Code
64141-1872

Purpose of Disbursement

Political Contribution

Candidate Name

Cleaver, Emanuel, , II

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify)

State: MO

District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00395848

Transaction ID : B6CC0A1006

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. French Hill for Arkansas

Mailing Address P.O. Box 7841

City
Little Rock

State
AR

Zip Code
72217-7800

Purpose of Disbursement

Political Contribution

Candidate Name

Hill, French, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: AR

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00551275

Transaction ID : B04B4D27B2

Amount of Each Disbursement this Period

3000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVE MCCORMICK

Mailing Address PO BOX 23537

City
Pittsburgh

State
PA

Zip Code
15222-6537

Purpose of Disbursement

Political Contribution

Candidate Name

McCormick, Dave, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2030

Primary General
 Other (specify) ▼

State: PA

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2025

FEC Identification Number

C C00851980

Transaction ID : B89F991A81f

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Himes for Congress

Mailing Address 857 Post Road, #312

City
Fairfield

State
CT

Zip Code
06824-6041

Purpose of Disbursement

Political Contribution

Candidate Name

Himes, Jim, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) Convention

State: CT

District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2025

FEC Identification Number

C C00434191

Transaction ID : B0F7B60AF6i

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOBS OPPORTUNITY NOW POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 6290

City
Columbus

State
OH

Zip Code
43206-0290

Purpose of Disbursement

Political Contribution

Candidate Name

JOBS OPPORTUNITY NOW POLITICAL ACTION COMMITTEE

Office Sought:

House
 Senate
 President

Disbursement For: 2025

Primary General
 Other (specify) Other

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2025

FEC Identification Number

C C00896688

Transaction ID : B257CD462F

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. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City
Peoria

State
IL

Zip Code
61612-0735

Purpose of Disbursement

Political Contribution

Candidate Name

LaHood, Darin, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00575050

Transaction ID : BD6EAC54A!

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAHOOD FOR CONGRESS

Mailing Address P.O. BOX 10735

City
Peoria

State
IL

Zip Code
61612-0735

Purpose of Disbursement

Political Contribution

Candidate Name

LaHood, Darin, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00575050

Transaction ID : BDAC162A35

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Moore for Congress

Mailing Address P.O. Box 16646

City
Milwaukee

State
WI

Zip Code
53216-0646

Purpose of Disbursement

Political Contribution

Candidate Name

Moore, Gwen, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00397505

Transaction ID : BC36B0DF67

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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. PENNSYLVANIA HONOR

Mailing Address PO BOX 23537

City
Pittsburgh

State
PA

Zip Code
15222-6537

Purpose of Disbursement

Political Contribution

Candidate Name

PENNSYLVANIA HONOR

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2025

FEC Identification Number

C C00851998

Transaction ID : B2194DA232I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RUDY FOR INDIANA

Mailing Address PO BOX 26141

City
Alexandria

State
VA

Zip Code
22313-6141

Purpose of Disbursement

Political Contribution

Candidate Name

Yakym, Rudy, , III

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		Other

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2025

FEC Identification Number

C C00822767

Transaction ID : BF5C0DB25A

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RULLI FOR OHIO

Mailing Address P.O. BOX 2971

City
Youngstown

State
OH

Zip Code
44511-0971

Purpose of Disbursement

Political Contribution

Candidate Name

Rulli, Michael, ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		Other

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2025

FEC Identification Number

C C00858415

Transaction ID : BDEF613A85

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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. SEND IN THE SEAL PAC

Mailing Address 228 S. WASHINGTON ST.
STE. 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Political Contribution

Candidate Name

SEND IN THE SEAL PAC

Office Sought: House
 Senate
 President

Disbursement For: 2025
 Primary General
 Other (specify) **Other**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00845099

Transaction ID : BADD739F96

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHANNON LUNDGREN FOR IOWA

Mailing Address PO BOX 127

City Peosta State IA Zip Code 52068-0127

Purpose of Disbursement

Political Contribution

Candidate Name

Lundgren, Shannon, . .

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00921494

Transaction ID : B45B7AD4D4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOMORROW IS MEANINGFUL PAC

Mailing Address P.O. BOX 347

City Haymarket State VA Zip Code 20168-0347

Purpose of Disbursement

Political Contribution

Candidate Name

TOMORROW IS MEANINGFUL PAC

Office Sought: House
 Senate
 President

Disbursement For: 2025
 Primary General
 Other (specify) **Other**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C C00495887

Transaction ID : BAB33771C1

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. WHATLEY FOR SENATE

Mailing Address PO BOX 97037

City
Raleigh

State
NC

Zip Code
27624-7037

Purpose of Disbursement

Political Contribution

Candidate Name

Whatley, Michael, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: NC

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2025

FEC Identification Number

C C00913996

Transaction ID : BAC7EAF8F2

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WINNING FOR AMERICA PAC

Mailing Address 101 W ARGONNE DR
#24

City
Saint Louis

State
MO

Zip Code
63122-4201

Purpose of Disbursement

Political Contribution

Candidate Name

WINNING FOR AMERICA PAC

Office Sought:

House
 Senate
 President

Disbursement For: 2025

Primary General
 Other (specify) Other

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2025

FEC Identification Number

C C00826362

Transaction ID : B1CEFF0D22

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / 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)..... ▶

5000.00

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

42500.00

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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Wrobel, Jeffrey, S., , Sr.

Mailing Address PO Box 6927

City
Richmond

State
VA

Zip Code
23230-0927

Purpose of Disbursement
Refund of 2025 Excessive Contributions

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2025			

FEC Identification Number

C []

Transaction ID : B477232CC0

Amount of Each Disbursement this Period

[] 227.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	/	D	D	/	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:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

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).....▶

[] 227.00

[] 227.00