

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ 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 [03] / [01] / [2018] through [03] / [31] / [2018]

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

Signature of Treasurer *Dykstra, Gregg, A., Mr.,* [Electronically Filed] Date [04] / [17] / [2018]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		96306.93
(b) Cash on Hand at Beginning of Reporting Period.....	97365.20	
(c) Total Receipts (from Line 19)	61448.52	125561.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	158813.72	221868.86
7. Total Disbursements (from Line 31).....	92260.45	155315.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	66553.27	66553.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

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).....	40461.99	74047.03
(ii) Unitemized	10780.82	35060.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51242.81	109107.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	61242.81	124107.94
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).....	202.33	443.98
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.38	10.01
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)).....▶	61448.52	125561.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61448.52	125561.93

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	260.45	606.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	260.45	606.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90000.00	148500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	209.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	209.32
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	6000.00
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)) ..	92260.45	155315.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92260.45	155315.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61242.81	124107.94
34. Total Contribution Refunds (from Line 28(d))	0.00	209.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61242.81	123898.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	260.45	606.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	202.33	443.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	58.12	162.29

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
<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. Albert, Todd, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : AE69AFDE5AF3447A482D

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address PO Box 2045

City Bloomington	State IL	Zip Code 61702
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

Transaction ID : AC3ED13AD782E4F4C9FF

Amount of Each Receipt this Period
420.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AA14771E42D5A4568940

Amount of Each Receipt this Period
120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
	<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. Allison, Michael, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 2227

City Fort Wayne	State IN	Zip Code 46801
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brotherhood Mutual Insurance Company	Occupation (for Individual) Vice President & Chief Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : AE2AA45E1D8E54BD8BD1

Amount of Each Receipt this Period
250.00

Memo Item

B. Belcher, Chris, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 618

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

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

Aggregate Year-to-Date ▼
212.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

Transaction ID : ADDD98E5437AA4F77A3D

Amount of Each Receipt this Period
70.83

Memo Item

C. Benson, John, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address One Mutual Ave

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

Transaction ID : AEA97D277FF8B4EF18B2

Amount of Each Receipt this Period
116.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	436.83
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 8 OF 67
<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. Benson, John, S., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

Transaction ID : AFEE634E4F4014F30A6C

Amount of Each Receipt this Period
116.00

Memo Item

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

Mailing Address PO Box 968

City Concordia	State MO	Zip Code 64020
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CFM Insurance, Inc.	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

Transaction ID : A0CE3FEEBB3614EACB5A

Amount of Each Receipt this Period
209.00

Memo Item

C. Blough, Christopher, , Mr.,
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
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AAE9E253F893F4F6DAC8

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 67
<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, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11409
 City Portland State ME Zip Code 04104
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : AC7F3CE3DE9EB4EC8837
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Brown, Jeremy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 W South St
 City Boswell State IN Zip Code 47921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mutual of Indiana Insurance Company Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2018
Transaction ID : A11B10D20BE2C43308CE
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Carmony, Tod, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3873 Cleveland Rd
 City Wooster State OH Zip Code 44691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wayne Mutual Insurance Company President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : A9F4ABC3B728C4425A3C
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 67
<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. Chamness, Charles, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1106.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A82CE230D4E794A3CA3A

Amount of Each Receipt this Period
474.00

Memo Item

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

Mailing Address 26 Richmond Hill Dr

City Sparta	State NJ	Zip Code 07871
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : AFF522D0CF5694592A96

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 9109 Valley Forge Pl

City Fort Wayne	State IN	Zip Code 46835
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2018

Transaction ID : AC8D5B1D1A0F149BF970

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	808.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 67
<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. Davis, Suzanne, , Ms.,
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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AFB833320E5046E9AE7

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 500 E Pitt St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : A12EA84064F1245FEB4A

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1725 Hopley Ave

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : A8F4320C69AFE4324A1B

Amount of Each Receipt this Period
40.00

Memo Item

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 12 OF 67
<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. Denton, Gordon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5439 S 300 E

City Chalmers	State IN	Zip Code 47929-8008
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : A2659DAC3DE3D42C1921

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 68700

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A89767B6A1A6E4A92873

Amount of Each Receipt this Period
130.44

Memo Item

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

Mailing Address 3601 Vincennes Rd

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
673.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A21949686214B44E2BB0

Amount of Each Receipt this Period
288.48

Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
<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. Edmond, Fred, A., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Mutual Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

Transaction ID : A484C0461D5BE4BC382F

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address One Mutual Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

Transaction ID : A313AE58631A545CFBF1

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 222 Ames St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2018

Transaction ID : A651084C48A954836A68

Amount of Each Receipt this Period
80.00

Memo Item

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 14 OF 67
	<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. Fedders, Roger, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2471 400th St

City Ireton	State IA	Zip Code 51027
----------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Insurance Association o	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2018

Transaction ID : A39ADF14D58D445A8B97

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2401 S Memorial Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2018

Transaction ID : AE7CBF1A379174F10A27

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2401 S Memorial Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : AA4110967461E43BE9FC

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<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. Figgins, Scott, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2227

City Fort Wayne	State IN	Zip Code 46801
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Brotherhood Mutual Insurance Company	Occupation (for Individual) Vice President Claims and Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : A5CF305670A9C450A84A

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 703 W Poplar St

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

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

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

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
03		20		2018

Transaction ID : A7D263A1D648D4BE1B01

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address One Mutual Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : A08137AE1B7CA413BB7E

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1138.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 67
	<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. Goeglein, Chris, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2227

City Fort Wayne	State IN	Zip Code 46801
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : A24E7BDF0A6544FE48C4

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 3030 N 3rd St

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

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Senior Vice President & CIO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2018

Transaction ID : AE954DB5EE43B42D1ADE

Amount of Each Receipt this Period
41.66

Memo Item

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

Mailing Address 3030 N 3rd St

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

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Senior Vice President & CIO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2018

Transaction ID : AD5AE8C10FBBF4C02BFD

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	833.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 67
	<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. Goughnour, Amy, R., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 197
 City Finley State ND Zip Code 58230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Steele Traill County Mutual Insurance Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : AAE959DA92C6C4B76823
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Grande, Jimi, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW Ste 510
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Senior Vice President, Government Aff:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : A3039CD5A7487417C8EE
 Amount of Each Receipt this Period
 288.48
 Memo Item

C. Grether, Jonathan, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 370
 City Algona State IA Zip Code 50511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacists Mutual Insurance Company Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : A2E4AC9CF4B194C6F9A7
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1538.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<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. Gross, David, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 819

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

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : ABE6E9749D78C41E6AAE

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address PO Box 2227

City Fort Wayne	State IN	Zip Code 46801
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Brotherhood Mutual Insurance Company	Occupation (for Individual) Assistant Vice President - Network Arc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A7772803F37E14A54862

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 222 Ames St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2018

Transaction ID : A2B0B70FD48CD494583E

Amount of Each Receipt this Period
76.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2826.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
<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. Hopkins, Marjorie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5555

City Meridian	State ID	Zip Code 83680
------------------	-------------	-------------------

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

Name of Employer (for Individual) United Heritage Property and Casualty	Occupation (for Individual) Executive Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2018

Transaction ID : AE1B513D46C244D11864

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 20 F St NW
Ste 510

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

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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A73C861C4CDBD4D9EAB2

Amount of Each Receipt this Period
115.38

Memo Item

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

Mailing Address 415 Columbia St
Ste 3400

City Lafayette	State IN	Zip Code 47901
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : A792816D6E78548C7AA3

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1365.38
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 20 OF 67
	<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. Jackson, Wesley, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6106
 City Temple State TX Zip Code 76503-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RVOS Farm Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 26 / 2018**
Transaction ID : AFBADF797AC4C438BAC
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jensen, Jim, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Main St # 812
 City Hull State IA Zip Code 51239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Insurance Association o Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 19 / 2018**
Transaction ID : ACCE0D5D2D17647CAA55
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kachulis, Lew, G., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 332
 City Sharon State PA Zip Code 16146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Synergy Comp Insurance Company Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : A1EAB261C120941C9A06
 Amount of Each Receipt this Period 500.00
 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 21 OF 67
	<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. Kaemingk, Lauren, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 812
 City Hull State IA Zip Code 51239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Insurance Association o Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2018
Transaction ID : AEBA3717ED5FC482893B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Karol, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW Ste 510
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Federal Affairs Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.22

Date of Receipt 03 / 30 / 2018
Transaction ID : AB1781EDBED9D40FA96E
 Amount of Each Receipt this Period 136.38
 Memo Item

C. Kelly, Jami, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 23 / 2018
Transaction ID : A16C7F49F0F70490FA95
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.38
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 22 OF 67
<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. Knudsen, Andrew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Mutual Ave
 City Frankenmuth State MI Zip Code 48787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt **03 / 23 / 2018**
Transaction ID : AD6B2776495E64867BD9
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Landman, Phil, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2910 280th St
 City Hull State IA Zip Code 51239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Insurance Association o Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 19 / 2018**
Transaction ID : A7E1398F87626457F8E7
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Linkous, Steven, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 N Main St
 City Bel Air State MD Zip Code 21014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harford Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt **03 / 02 / 2018**
Transaction ID : AAFC78189B282408594F
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	705.66
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 23 OF 67
	<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. Linkous, Steven, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : A7ABC1130939044FAA6C

Amount of Each Receipt this Period
416.66

Memo Item

B. Long, Byron, K., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 N Branch Rd

City Cuba	State NY	Zip Code 14727
--------------	-------------	-------------------

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

Name of Employer (for Individual) Allegany Co-Op Insurance Company	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : AF308389BCCBD4B239A8

Amount of Each Receipt this Period
250.00

Memo Item

C. Maas, Wilbur, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 812

City Hull	State IA	Zip Code 51239
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2018

Transaction ID : AEF210120599541009D9

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1666.66
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 24 OF 67
	<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. Marshall, Murray, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3505 Trophy Ct

City West Lafayette	State IN	Zip Code 47906
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : AE01F361EB5BD454D9E1

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 200 N Main St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A1302EFB1745743DD897

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address One Mutual Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

Transaction ID : A78F87AC6E5214BFBB9F

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	372.34
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 25 OF 67
	<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. McGowen, L. Gene, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 Columbia St
Ste 3400

City Lafayette State IN Zip Code 47901

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

Name of Employer (for Individual) Mutual of Indiana Insurance Company Occupation (for Individual) Director/Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2018
Transaction ID : AFD3B2029F2D24AF985D

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address One Mutual Ave

City Frankenmuth State MI Zip Code 48787

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

Name of Employer (for Individual) Frankenmuth Mutual Insurance Company Occupation (for Individual) Vice President, Secretary & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.24

Date of Receipt 03 / 23 / 2018
Transaction ID : A04C73059202D413187C

Amount of Each Receipt this Period 38.54

Memo Item

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

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 30 / 2018
Transaction ID : A21014422F3594A7AA74

Amount of Each Receipt this Period 120.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 408.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 67
<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. Murray, Joel, P., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Ames St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2018

Transaction ID : ADD4959CC71BD458FAAC

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 57 Thomas Johnson Dr

City Frederick	State MD	Zip Code 21702
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AABE068AE38EE4131914

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address One Mutual Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

Transaction ID : A5200E701E21145C7ACD

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	619.00
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 67
	<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. Pressley, Jennifer, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 W 106th St

City Indianapolis	State IN	Zip Code 46290
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Indiana Farmers Mutual Insurance Compa	Occupation (for Individual) Senior Vice President & CFO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : A1D951DE6844E4B35824

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 12204 S 680 W

City Remington	State IN	Zip Code 47977
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : A818B6A0C724049E392F

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 6106

City Temple	State TX	Zip Code 76503
----------------	-------------	-------------------

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

Name of Employer (for Individual) RVOS Farm Mutual Insurance Company	Occupation (for Individual) Comptroller
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2018

Transaction ID : AE54DBFC63E754518A79

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 67
	<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. Renbarger, Jeff, , Mr.,
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brotherhood Mutual Insurance Company Occupation (for Individual) Assistant Vice President, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : A05A6720F33664089993
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Robison, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2227
 City Fort Wayne State IN Zip Code 46801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brotherhood Mutual Insurance Company Occupation (for Individual) Chairman and President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : AF02A98C4D5214B3EA0D
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Sadler, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3448 160th St.
 City Correctionville State IA Zip Code 51016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Insurance Association o Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2018
Transaction ID : AA330223E18464628B9B
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 67
	<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. Schlenger, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 812

City Hull	State IA	Zip Code 51239
--------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Insurance Association o	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2018

Transaction ID : A7127075398A146AD9A5

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 59

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : AB8572303DB1D4F66811

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address PO Box 59

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AF37930364A7C4FA2AB6

Amount of Each Receipt this Period
40.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
<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. Schmittlein, Marc, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2018

Transaction ID : AEB6B48354DD446C68EE

Amount of Each Receipt this Period
104.17

Memo Item

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

Mailing Address 3030 N 3rd St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : A282FDD90818A4D8F8BC

Amount of Each Receipt this Period
104.17

Memo Item

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Director - Agency Systems
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : A958FA974921442F7A34

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	358.34
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 67
<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. Schumacher, Judy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

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

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Communication & Gove
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2018

Transaction ID : AEDCB6D95A0B7451B9C5

Amount of Each Receipt this Period
41.65

Memo Item

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

Mailing Address 3030 N 3rd St

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

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

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Communication & Gove
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2018

Transaction ID : A77298F28E62B4DAE9FA

Amount of Each Receipt this Period
41.65

Memo Item

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

Mailing Address 120 Long Ridge Rd

City Stamford	State CT	Zip Code 06902
------------------	-------------	-------------------

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

Name of Employer (for Individual) General Reinsurance Corporation	Occupation (for Individual) Executive Vice President, Gen Re & Re
--	--

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
03	/	31	/	2018

Transaction ID : AC43D649ABDAF407EBBA

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.30
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 32 OF 67
<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. Shockley, Mary, T., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1923 Pecos St
 City San Angelo State TX Zip Code 76901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RVOS Farm Mutual Insurance Company Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2018
Transaction ID : A75B8BA8F38F742D289B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Shockley, Wiley, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6106
 City Temple State TX Zip Code 76503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RVOS Farm Mutual Insurance Company Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2018
Transaction ID : A68B389C2A792418597F
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Skoog, Ryan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17545 Kodiak Avenue
 City Lakeville State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brotherhood Mutual Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2018
Transaction ID : AA1176CFA8F924D17A95
 Amount of Each Receipt this Period 250.00
 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 33 OF 67
	<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, Charles, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 40

City Billings	State MO	Zip Code 65610
------------------	-------------	-------------------

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

Name of Employer (for Individual) BMI Company, Inc	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A56EBD48B4BC246FA99E

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address PO Box 6106

City Temple	State TX	Zip Code 76503-6106
----------------	-------------	------------------------

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

Name of Employer (for Individual) RVOS Farm Mutual Insurance Company	Occupation (for Individual) Corporate Secretary
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : A3020A42808B640909C8

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 527

City Indianapolis	State IN	Zip Code 46206
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Indiana Farmers Mutual Insurance Compa	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : A2222547EB9D54101AB3

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 67
	<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. Spencer, Joshua, , Mr.,
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
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Brotherhood Mutual Insurance Company	Occupation (for Individual) Associate Vice President & Chief Actua
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AB91EB1805ADD4305980

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 6106

City Temple	State TX	Zip Code 76503
----------------	-------------	-------------------

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

Name of Employer (for Individual) RVOS Farm Mutual Insurance Company	Occupation (for Individual) Vice President Operations & Claims
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2018

Transaction ID : AF8F1CB6AB8A44FF6863

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
673.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : A0E7E23DB661F4F1B953

Amount of Each Receipt this Period
288.45

Memo Item

SUBTOTAL of Receipts This Page (optional).....	788.45
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 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Suttner, Terry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Membership
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 30 / 2018
Transaction ID : A96B00BC064124B79B21
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Taggart, Susan, K., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Columbia St Ste 3400
 City Lafayette State IN Zip Code 47901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Indiana Insurance Company Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2018
Transaction ID : AC875D0B94B9649A58F7
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Thomas, Bruce, D., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 594
 City Algona State IA Zip Code 50511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heartland Mutual Insurance Association Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2018
Transaction ID : A210DF163ACDC4CD6966
 Amount of Each Receipt this Period 100.00
 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 36 OF 67
<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. Thompson, Gary, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 618

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

Transaction ID : A87EAE374292D4D249A3

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address PO Box 219

City Sublimity	State OR	Zip Code 97385
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : AEACA7A807D494FF492E

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4000 Town Ctr
Ste 1250

City Southfield	State MI	Zip Code 48075
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Locomotive Engineers and Conductors Mu	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AFD7CBBBD2659648479D8

Amount of Each Receipt this Period
1200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<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. Van Gorp, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2884 Lily Ave

City Sheldon	State IA	Zip Code 51201
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Insurance Association o	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2018

Transaction ID : AF47965B76CFB4231AEC

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3160 Fir Ave

City Rock Valley	State IA	Zip Code 51247
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Insurance Association o	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2018

Transaction ID : A82F52DF45CB84E8D97A

Amount of Each Receipt this Period
250.00

Memo Item

C. Van Roekel, Gerald, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 812

City Hull	State IA	Zip Code 51239
--------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Insurance Association o	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2018

Transaction ID : AF4D27F90EFAA4750BD0

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 67
<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. Wallstrom, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2227

City Fort Wayne	State IN	Zip Code 46801
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : AB93CB5E579A54734A43

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO Box 111

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

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

Name of Employer (for Individual) Ohio Mutual Insurance Company	Occupation (for Individual) Assistance Vice President - Corporate
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : A369FB7B9594841F4BAF

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 11423 U.S. 50

City Dillsboro	State IN	Zip Code 47018
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Mutual Aid Society of Farmers	Occupation (for Individual) Secretary
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : A021711ACFA654B95A58

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	790.00
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 67
	<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. Ware, Mick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5555

City Meridian	State ID	Zip Code 83680
------------------	-------------	-------------------

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

Name of Employer (for Individual) United Heritage Property and Casualty	Occupation (for Individual) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2018

Transaction ID : AAD45EBD04C5D42F3AD6

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Assistant Vice President and Chief P&C
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2018

Transaction ID : A6F4D601592934C7A9C5

Amount of Each Receipt this Period
210.00

Memo Item

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

Mailing Address 6101 Anacapi Blvd

City Lansing	State MI	Zip Code 48917
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) First Vice President, Secretary & Gene
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2918.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2018

Transaction ID : A280AB4F946514F58BFC

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2919.00
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 67
<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., Mr., Sr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6927

City Richmond	State VA	Zip Code 23230
------------------	-------------	-------------------

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 ▼
258.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2018

Transaction ID : AA3896B9020D24E7EAC8

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 9262 W 200 S

City Rensselaer	State IN	Zip Code 47978
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2018

Transaction ID : AC9C642F9B3B44191ADB

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 250 Main St

City Buffalo	State NY	Zip Code 14202-4104
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : AF6DD771FB058428483D

Amount of Each Receipt this Period
3250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zenke, Jerry, G., Mr.,

Mailing Address **PO Box 708**

City Houston	State MN	Zip Code 55943
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) Mound Prairie Mutual Insurance Company	Occupation (for Individual) Assistant Manager & Treasurer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 08 / 2018

Transaction ID : A554F00357F6F49CC918

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	40461.99

**SCHEDULE A (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 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
American Family Mutual Insurance Company Federal PAC (AMFAM PAC)

Mailing Address 6000 American Parkway

City Madison	State WI	Zip Code 53783
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00354290

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2018

Transaction ID : A1AFA11D6C79D453697A

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Mailing Address One Park Circle
PO Box 5001

City Westfield Center	State OH	Zip Code 44251
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00376863

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2018

Transaction ID : ADD1325006D2248E7895

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

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

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

FOR LINE NUMBER: PAGE 43 OF 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼
 443.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : AEA4ABBE0BB854EB59B
 Amount of Each Receipt this Period
 202.33
 Memo Item
 Reimb of bank fees

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	202.33
TOTAL This Period (last page this line number only).....	202.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City
El Paso

State
TX

Zip Code
79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : BE90BE04E7

Amount of Each Disbursement this Period

[REDACTED] 7.95

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 981540

City
El Paso

State
TX

Zip Code
79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : BBDC215FC9

Amount of Each Disbursement this Period

[REDACTED] 81.25

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 981540

City
El Paso

State
TX

Zip Code
79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : B20BA66726

Amount of Each Disbursement this Period

[REDACTED] 81.25

Memo Item

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

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

[REDACTED] 170.45

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City
El Paso

State
TX

Zip Code
79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : B8F5156A5A:
Amount of Each Disbursement this Period

[Redacted] 32.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 8751 Michigan Rd

City
Indianapolis

State
IN

Zip Code
46268-3141

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : B3310677E9C
Amount of Each Disbursement this Period

[Redacted] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Square, Inc.

Mailing Address 1455 Market St

City
San Francisco

State
CA

Zip Code
94103-1331

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : B57B7E5AFE
Amount of Each Disbursement this Period

[Redacted] 27.50

Memo Item

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

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

[Redacted]	90.00
[Redacted]	260.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Beatty for Congress

Mailing Address 222 East Town Street

City Columbus State OH Zip Code 43215-4611

Purpose of Disbursement
Contribution to Committee

Candidate Name
Beatty, Joyce, B., Rep.,

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

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00507368
Transaction ID : B160572CD0:
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address PO BOX 10570

City SAVANNAH State GA Zip Code 31412

Purpose of Disbursement
Contribution to Committee

Candidate Name
Carter, Earl, Leroy, Rep.,

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

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00543967
Transaction ID : BCC0AA2106
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Waters

Mailing Address 249 E. Ocean Blvd #685

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Contribution to Committee

Candidate Name
Waters, Maxine, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 43

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00167585
Transaction ID : B7A25295C4
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

4500.00

**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. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sanchez, Linda, T., Rep.,

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00384057

Transaction ID : B2FE5A1DE9

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Connolly for Congress

Mailing Address P.O. Box 563

City
Fairfax

State
VA

Zip Code
22038-0563

Purpose of Disbursement
Contribution to Committee

Candidate Name

Connolly, Gerry, E., Rep.,

Office Sought: House
 Senate
 President
State: VA District: 11

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00445452

Transaction ID : BBAC3FF1CE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVIDSON FOR CONGRESS

Mailing Address 1385 STONYCREEK RD. BOX 4

City
TROY

State
OH

Zip Code
45373

Purpose of Disbursement
Contribution to Committee

Candidate Name

Davidson, Warren, , Rep.,

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00600718

Transaction ID : B6D06C13Dc

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2500.00

**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. Defazio for Congress

Mailing Address P.O. Box 1316

City
Springfield

State
OR

Zip Code
97477-0152

Purpose of Disbursement
Contribution to Committee

Candidate Name

DeFazio, Pete, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

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

FEC Identification Number

C C00215905

Transaction ID : BECE5EF8A/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Democrats Reshaping America (DREAM PAC)

Mailing Address 50 E. Street SE

City
Washington

State
DC

Zip Code
20003-2620

Purpose of Disbursement
Contribution to Committee

Candidate Name

Democrats Reshaping America (DREAM PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

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

FEC Identification Number

C C00423079

Transaction ID : B6519540C9F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Denham for Congress

Mailing Address 2150 River Plaza Dr.
#150

City
Sacramento

State
CA

Zip Code
95833-4131

Purpose of Disbursement
Contribution to Committee

Candidate Name

Denham, Jeff, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

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

FEC Identification Number

C C00473272

Transaction ID : BF8B9346C6

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address P.O. Box 235

City Olympia

State WA

Zip Code 98507-0235

Purpose of Disbursement
Contribution to Committee

Candidate Name

Heck, Denny, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00472159

Transaction ID : B691BBE755

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Denny Heck for Congress

Mailing Address P.O. Box 235

City Olympia

State WA

Zip Code 98507-0235

Purpose of Disbursement
Contribution to Committee

Candidate Name

Heck, Denny, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00472159

Transaction ID : BD662075A4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Denny Heck for Congress

Mailing Address P.O. Box 235

City Olympia

State WA

Zip Code 98507-0235

Purpose of Disbursement
Contribution to Committee

Candidate Name

Heck, Denny, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

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

FEC Identification Number

C C00472159

Transaction ID : B5736524C2

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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. DOUG JONES FOR SENATE COMMITTEE

Mailing Address PO BOX 131025

City
BIRMINGHAM

State
AL

Zip Code
35213

Purpose of Disbursement
Political Contribution

Candidate Name

Jones, Doug, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00640623

Transaction ID : BD4AA03A96

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Duffy for Congress

Mailing Address P.O. Box 538

City
Wausau

State
WI

Zip Code
54402-0538

Purpose of Disbursement
Contribution to Committee

Candidate Name

Duffy, Sean, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 07

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00464339

Transaction ID : B06ADC1A6D

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Cheri Bustos

Mailing Address 1050 17th St. NW
Suite 590

City
Washington

State
DC

Zip Code
20036-5592

Purpose of Disbursement
Contribution to Committee

Candidate Name

Bustos, Cheri, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00498568

Transaction ID : BFB6AE2105

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

A. Friends of Dan Kildee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 248

Date of Disbursement: 03 / 05 / 2018

City Flint State MI Zip Code 48501-0248

Purpose of Disbursement: Contribution to Committee

Candidate Name: **Kildee, Dan, T., Rep.,**

Office Sought: House Senate President
State: MI District: 05

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type: []

FEC Identification Number: **C00499947**
Transaction ID : **BBDD4EFDA**
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Friends of Jim Clyburn

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 12567

Date of Disbursement: 03 / 05 / 2018

City Columbia State SC Zip Code 29211-2567

Purpose of Disbursement: Contribution to Committee

Candidate Name: **Clyburn, James, E., Rep.,**

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type: []

FEC Identification Number: **C00255562**
Transaction ID : **B9F54FDEF9**
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. FRIENDS OF JOHN BARRASSO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 52008

Date of Disbursement: 03 / 18 / 2018

City CASPER State WY Zip Code 82605

Purpose of Disbursement: Contribution to Committee

Candidate Name: **Barrasso, John, A., Sen.,**

Office Sought: House Senate President
State: WY District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type: []

FEC Identification Number: **C00436386**
Transaction ID : **B75D07F912**
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003-0293

Purpose of Disbursement
Contribution to Committee

Candidate Name

Brown, Sherrod, C., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: OH District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00264697

Transaction ID : BA5DB27DD!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Garret Graves for Congress

Mailing Address P.O. Box 64845

City
Baton Rouge

State
LA

Zip Code
70896-4845

Purpose of Disbursement
Contribution to Committee

Candidate Name

Graves, Garret, N., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C C00558486

Transaction ID : BD334E7F664

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HANDEL FOR CONGRESS, INC.

Mailing Address 4010 OLD MILTON PKWY

City
ALPHARETTA

State
GA

Zip Code
30005

Purpose of Disbursement
Contribution to Committee

Candidate Name

Handel, Karen, Christine, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00633362

Transaction ID : B064C98E94

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Heller for Senate

Mailing Address P.O. Box 371907

City
Las Vegas

State
NV

Zip Code
89137-1907

Purpose of Disbursement
Contribution to Committee

Candidate Name

Heller, Dean, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00494229

Transaction ID : B6580F6E56E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HELLERHIGHWATER PAC

Mailing Address P.O. Box 370672

City
Las Vegas

State
NV

Zip Code
89137-0672

Purpose of Disbursement
Political Contribution

Candidate Name

HELLERHIGHWATER PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2018

FEC Identification Number

C C00471607

Transaction ID : B2BC02457B1

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Huizenga for Congress

Mailing Address P.O. Box 254

City
Zeeland

State
MI

Zip Code
49464-0254

Purpose of Disbursement
Contribution to Committee

Candidate Name

Huizenga, Bill, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2018

FEC Identification Number

C C00459297

Transaction ID : B709483492:

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

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(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. JOSH GOTTHEIMER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 584

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

City RIDGEWOOD State NJ Zip Code 07451

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00573949
---	-----------

Candidate Name
Gottheimer, Josh, S., Rep.,

Category/
Type

Transaction ID : B9F8C9510D!

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 05

2500.00

Memo Item

B. JULIA BROWNLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2018

M M M	/	D D D	/	Y Y Y Y Y
03		23		2018

City THOUSAND OAKS State CA Zip Code 91358

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00513077
---	-----------

Candidate Name
Brownley, Julia, , Rep.,

Category/
Type

Transaction ID : B398D612EDI

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 26

1000.00

Memo Item

C. Katko for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 228 S. Washington Street

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

City Alexandria State VA Zip Code 22314-5408

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	H4NY24073
---	-----------

Candidate Name
Katko, John, M., Rep.,

Category/
Type

Transaction ID : BAFcff85C

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 24

1000.00

Memo Item

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

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

4500.00

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

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(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. Kenny Marchant for Congress

Mailing Address PO Box 110187

City: Carrollton State: TX Zip Code: 75011

Purpose of Disbursement: Contribution to Committee

Candidate Name: **Marchant, Kenny, E., Rep.,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: TX District: 24

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00393348

Transaction ID : B8C5B8D74D

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City: Bakersfield State: CA Zip Code: 93389-2667

Purpose of Disbursement: Contribution to Committee

Candidate Name: **McCarthy, Kevin, , Rep.,**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 23

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00420935

Transaction ID : B91A37E5E3!

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City: La Crosse State: WI Zip Code: 54601

Purpose of Disbursement: Contribution to Committee

Candidate Name: **Kind, Ron, J., Rep.,**

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

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00312017

Transaction ID : BD27D6FD9!

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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(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. KUSTOFF FOR CONGRESS

Mailing Address 1661 AARON BRENNER DR
STE 300

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement
Contribution to Committee

Candidate Name
Kustoff, David, F., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 08

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00614826

Transaction ID : B8470760910

Amount of Each Disbursement this Period

2000.00

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

Purpose of Disbursement
Contribution to Committee

Candidate Name
LaHood, Darin, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 18

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00575050

Transaction ID : BE43A4415E1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOU BARLETTA FOR SENATE

Mailing Address P.O. BOX 128

City HAZLETON State PA Zip Code 18201

Purpose of Disbursement
Contribution to Committee

Candidate Name
Barletta, Lou, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2018

FEC Identification Number

C C00445122

Transaction ID : B7E4D55FFF

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. LOU BARLETTA FOR SENATE

Mailing Address P.O. BOX 128

City
HAZLETON

State
PA

Zip Code
18201

Purpose of Disbursement
Contribution to Committee

Candidate Name

Barletta, Lou, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2018

FEC Identification Number

C C00445122

Transaction ID : B99E6A52C9

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCASKILL FOR MISSOURI

Mailing Address 700 13TH STREET NW
SUITE 600

City
Washington

State
DC

Zip Code
20005-5998

Purpose of Disbursement
Contribution to Committee

Candidate Name

McCaskill, Claire, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MO District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00431304

Transaction ID : B7A255445A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE

Mailing Address PO BOX 2485

City
SPRINGFIELD

State
VA

Zip Code
22152

Purpose of Disbursement
Contribution to Committee

Candidate Name

MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00543199

Transaction ID : B18DE8E80C

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City
ANNISTON

State
AL

Zip Code
36201

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rogers, Mike, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00367862

Transaction ID : B858FD50CB

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MOULTON FOR CONGRESS

Mailing Address PO BOX 2013

City
SALEM

State
MA

Zip Code
01970

Purpose of Disbursement
Contribution to Committee

Candidate Name

Moulton, Seth, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00547240

Transaction ID : BB242321E8

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MULLIN FOR CONGRESS

Mailing Address PO BOX 2156

City
CLAREMORE

State
OK

Zip Code
74018

Purpose of Disbursement
Contribution to Committee

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00498345

Transaction ID : B1D9261109

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement
Contribution to Committee

Candidate Name

Pallone, Frank, J., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

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

FEC Identification Number

C C00226928

Transaction ID : B0C68519E4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address PO BOX 100

City
TEANECK

State
NJ

Zip Code
07666

Purpose of Disbursement
Contribution to Committee

Candidate Name

Pascrell, Bill, J., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 09

Date of Disbursement

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

FEC Identification Number

C C00313510

Transaction ID : BE2A437C3B

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PERDUE FOR SENATE

Mailing Address 3110 MAPLE DRIVE NE
SUITE 400

City
ATLANTA

State
GA

Zip Code
30305

Purpose of Disbursement
Contribution to Committee

Candidate Name

Perdue, David, A., Sen., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

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

FEC Identification Number

C C00547570

Transaction ID : B0F99835DB

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

**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. Perlmutter for Congress

Mailing Address 3440 Youngfield Street
#264

City
Wheat Ridge

State
CO

Zip Code
80033

Purpose of Disbursement
Contribution to Committee

Candidate Name

Perlmutter, Ed, G., Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00410639

Transaction ID : B913664BC8I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address PO Box 823047

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sessions, Pete, A., Rep.,

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00303305

Transaction ID : B98D78E1BFI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Randy Hultgren for Congress

Mailing Address P.O. Box 717

City
St Charles

State
IL

Zip Code
60174-0717

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hultgren, Randy, M., Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00467522

Transaction ID : B7695437D7I

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

**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. Rodney for Congress

Mailing Address P.O. Box 344

City
Taylorville

State
IL

Zip Code
62568-0344

Purpose of Disbursement
Contribution to Committee

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00521948

Transaction ID : B12B130DDE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Roger Williams for U.S. Congress Committee

Mailing Address P.O. Box 91061

City
Austin

State
TX

Zip Code
78709-1061

Purpose of Disbursement
Contribution to Committee

Candidate Name

Williams, Roger, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 25

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00498121

Transaction ID : B9802A00226

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROTHFUS FOR CONGRESS

Mailing Address PO BOX 435

City
Sewickley

State
PA

Zip Code
15143-0435

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rothfus, Keith, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00497115

Transaction ID : B68796EA6E

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. SEAN PATRICK MALONEY FOR CONGRESS

Mailing Address PO BOX 270

City
Newburgh

State
NY

Zip Code
12551-0270

Purpose of Disbursement
Contribution to Committee

Candidate Name

Maloney, Sean, P., Rep.,

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00512426

Transaction ID : BCF725029F!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TENNEY FOR CONGRESS

Mailing Address 28 ROBINSON ROAD
PO BOX 128

City
CLINTON

State
NY

Zip Code
13323

Purpose of Disbursement
Contribution to Committee

Candidate Name

Tenney, Claudia, , ,

Office Sought: House
 Senate
 President
State: NY District: 22

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00561183

Transaction ID : B6B2DC6CAC

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TENNEY FOR CONGRESS

Mailing Address 28 ROBINSON ROAD
PO BOX 128

City
CLINTON

State
NY

Zip Code
13323

Purpose of Disbursement
Contribution to Committee

Candidate Name

Tenney, Claudia, , ,

Office Sought: House
 Senate
 President
State: NY District: 22

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2018

FEC Identification Number

C C00561183

Transaction ID : BC620B506C

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)..... ▶

3500.00

**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. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 999

City
EDISON

State
NJ

Zip Code
08818

Purpose of Disbursement
Contribution to Committee

Candidate Name

MacArthur, Thomas, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

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

FEC Identification Number

C C00557520

Transaction ID : B3BBAE7574

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 999

City
EDISON

State
NJ

Zip Code
08818

Purpose of Disbursement
Contribution to Committee

Candidate Name

MacArthur, Thomas, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 03

Date of Disbursement

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

FEC Identification Number

C C00557520

Transaction ID : B13A40EEC3

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TREY FOR CONGRESS

Mailing Address PO BOX 421

City
JEFFERSONVILLE

State
IN

Zip Code
47130

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hollingsworth, Trey, , Rep., III

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00590463

Transaction ID : B1BA52341A

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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. Valadao for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

Mailing Address 5132 N Palm Ave.
#227

City Fresno State CA Zip Code 93704-2236

Purpose of Disbursement
Contribution to Committee

FEC Identification Number

C C00499392

Transaction ID : BAADC4EC4

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

Valadao, David, G., Rep.,

Category/
Type

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

State: CA District: 21

Full Name (Last, First, Middle Initial)

B. VICENTE GONZALEZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

Mailing Address 121 NORTH 10TH STREET

City MCALLEN State TX Zip Code 78501

Purpose of Disbursement
Contribution to Committee

FEC Identification Number

C C00592659

Transaction ID : B4B1B5F740I

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Gonzalez, Vicente, , Rep.,

Category/
Type

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

State: TX District: 15

Full Name (Last, First, Middle Initial)

C. WALKER 4 NC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2018

Mailing Address P.O. BOX 99247

City Raleigh State NC Zip Code 27624-9247

Purpose of Disbursement
Contribution to Committee

FEC Identification Number

C C00543231

Transaction ID : BF14CD4FB:

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Walker, Mark, , Rep.,

Category/
Type

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

State: NC District: 06

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City
ROGERS

State
AR

Zip Code
72757-0508

Purpose of Disbursement
Contribution to Committee

Candidate Name

Womack, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AR District: 03

Date of Disbursement

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

FEC Identification Number

C C00477745

Transaction ID : B66F8A20A8

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Yoder for Congress, Inc.

Mailing Address P.O. Box 26742

City
Overland Park

State
KS

Zip Code
66225-6742

Purpose of Disbursement
Contribution to Committee

Candidate Name

Yoder, Kevin, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	8

FEC Identification Number

C C00472365

Transaction ID : BF78A961AF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City
Shirley

State
NY

Zip Code
11967-2758

Purpose of Disbursement
Contribution to Committee

Candidate Name

Zeldin, Lee, Michael, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

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

FEC Identification Number

C C00552547

Transaction ID : BD49ABEBC

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

90000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Carl Anderson for SC House

Mailing Address PO Box 694

City
Georgetown

State
SC

Zip Code
29442-0694

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BA0C68E64C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kit Spires for SC House

Mailing Address PO BOX 396

City
Pelion

State
SC

Zip Code
29123-0396

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B0D6FA5481!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Gambrell for SC Senate

Mailing Address 400 Filter Plant Road

City
Honea Path

State
SC

Zip Code
29654-9129

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B2BA382FFC
Amount of Each Disbursement this Period

Memo Item

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

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Todd Atwater for SC House

Mailing Address 109 Sommerford Court

City
Lexington

State
SC

Zip Code
29072-7297

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
03 / 09 / 2018

FEC Identification Number

C
Transaction ID : B28C52C0BC
Amount of Each Disbursement this Period
 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

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: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

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)..... ▶

500.00
 2000.00