

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		61979.34
(b) Cash on Hand at Beginning of Reporting Period.....	61979.34	
(c) Total Receipts (from Line 19)	26593.48	26593.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88572.82	88572.82
7. Total Disbursements (from Line 31).....	-429.33	-429.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	89002.15	89002.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10828.59	10828.59
(ii) Unitemized	13760.54	13760.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24589.13	24589.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26589.13	26589.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.35	4.35
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))..... ▶	26593.48	26593.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26593.48	26593.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	70.67	70.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	70.67	70.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	-500.00	-500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-429.33	-429.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-429.33	-429.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26589.13	26589.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26589.13	26589.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	70.67	70.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	70.67	70.67

**SCHEDULE A (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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Mr. David L. Anderson CPCU, PFMM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 276
 City Canton State SD Zip Code 57013-0276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farm Mutual Insurance Company of Linco Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 14 / 2014**
Transaction ID : A816BF74B63384D5FB4A
 Amount of Each Receipt this Period **1000.00**

B. Mr. Joseph J. Babiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 E Woodlawn Ave
 City Hastings State MI Zip Code 49058-1091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hastings Mutual Insurance Company Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 29 / 2014**
Transaction ID : AD99ABFF0A2C0443AB18
 Amount of Each Receipt this Period **250.00**

C. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation President, CEO & Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **234.00**

Date of Receipt **01 / 17 / 2014**
Transaction ID : A40C0BC1453E64AADB5E
 Amount of Each Receipt this Period **117.00**

SUBTOTAL of Receipts This Page (optional).....	1367.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. John S. Benson
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City State Zip Code
 Frankenmuth MI 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frankenmuth Mutual Insurance Company President, CEO & Chairman
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 351.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : A58BECC2C44084325941
 Amount of Each Receipt this Period
 117.00

B. Mr. Jonathan Bergner
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 C St NW Ste 540
 City State Zip Code
 Washington DC 20001-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Mutual Insuran Federal Affairs Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : AE11BAE9D205F49D6842
 Amount of Each Receipt this Period
 500.00

C. Mr. Jon Bridge
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City State Zip Code
 Neenah WI 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jewelers Mutual Insurance Company Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2014
Transaction ID : A0843548111C340128E4
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 867.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<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. Wes Broseke
Full Name (Last, First, Middle Initial)

Mailing Address 6481 US Highway 68

City Kenton State OH Zip Code 43326-9218

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

Name of Employer Ohio Mutual Insurance Group Occupation Property Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 07 / 2014
Transaction ID : A16679CD8FCFA467F92F

Amount of Each Receipt this Period
250.00

B. Mr. Tod J. Carmony CPCU
Full Name (Last, First, Middle Initial)

Mailing Address 3873 Cleveland Rd

City Wooster State OH Zip Code 44691-1221

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

Name of Employer Wayne Mutual Insurance Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 15 / 2014
Transaction ID : AAB813E4C72684CA2914

Amount of Each Receipt this Period
1000.00

C. Mr. Charles M. Chamness
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68700

City Indianapolis State IN Zip Code 46268-0700

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

Name of Employer National Association of Mutual Insuran Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
01 / 24 / 2014
Transaction ID : A1747B55EA3024D8EBBD

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1340.00

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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Darwin G. Copeman CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 468
 City Neenah State WI Zip Code 54957-0468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014
Transaction ID : A90172CE239D2411EBC3
 Amount of Each Receipt this Period
 200.00

B. Mr. Daniel Dierks
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 59
 City Traer State IA Zip Code 50675-0059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Farmers Mutual Insurance Association Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : AEDF9ED76D29E41DAA49
 Amount of Each Receipt this Period
 500.00

C. Mr. Gregg A. Dykstra J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Association of Mutual Insuran Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : AD43789A5FCBA4F16A22
 Amount of Each Receipt this Period
 96.16

SUBTOTAL of Receipts This Page (optional).....▶	796.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Fred A. Edmond CPCU, CIC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mutual Avenue
 City Frankenmuth State MI Zip Code 48787-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frankenmuth Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : A25BB011FF1264C4C85E
 Amount of Each Receipt this Period
 80.00

B. Mr. Gregory B. Ellingson
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 1st Ave E Ste E
 City Kalispell State MT Zip Code 59901-4517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Flathead Farm Mutual Insurance Company Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : AAAD5484E2F754678AC2
 Amount of Each Receipt this Period
 500.00

C. Mr. Michael L. Flugum PFMM, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48
 City Cottonwood State MN Zip Code 56229-0048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Mutual Insurance Company Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : A6741A2E66F3B46DAA04
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	830.00
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jimi Grande
Full Name (Last, First, Middle Initial)
Mailing Address 122 C St NW Ste 540

City Washington	State DC	Zip Code 20001-2102
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	10	/	2014

Transaction ID : AA0224C7A5E6B4E68AD0

Amount of Each Receipt this Period
113.64

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

City Washington	State DC	Zip Code 20001-2102
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2014

Transaction ID : A1CABB682D2564972BA2

Amount of Each Receipt this Period
113.64

C. Mr. Joe E. Hoff CPCU
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 48

City Cottonwood	State MN	Zip Code 56229-0048
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FEC ID number of contributing federal political committee. **C**

Name of Employer North Star Mutual Insurance Company	Occupation Executive Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2014

Transaction ID : A10362CA959034B66AAD

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	527.28
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Gregory D. Johnson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 48

City Cottonwood	State MN	Zip Code 56229-0048
FEC ID number of contributing federal political committee. C		
Name of Employer North Star Mutual Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
01 / 22 / 2014
Transaction ID : AE203FAF949484C2181A

Amount of Each Receipt this Period
250.00

B. Mr. John Johnson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 84

City Marble	State PA	Zip Code 16334-0084
FEC ID number of contributing federal political committee. C		
Name of Employer Farmers Mutual Fire Insurance Company	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
01 / 09 / 2014
Transaction ID : ABC4F04D1BCBE4745B9C

Amount of Each Receipt this Period
250.00

c. Mr. Jeffrey L. Mauland CPCU
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 48

City Cottonwood	State MN	Zip Code 56229-0048
FEC ID number of contributing federal political committee. C		
Name of Employer North Star Mutual Insurance Company	Occupation President/CEO & Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
01 / 22 / 2014
Transaction ID : AAC877FF46E7B42CBB24

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. Mikel B. Nelson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 250

City Upsala	State MN	Zip Code 56384-0250
----------------	-------------	------------------------

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

Name of Employer Elmdale Farmers Mutual Insurance, Inc.	Occupation 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
01	/	22	/	2014

Transaction ID : A102290ABDBFB4AE79A0

Amount of Each Receipt this Period
1000.00

B. Mr. Eric Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 1460 Wells St

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

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

Name of Employer Mutual of Enumclaw Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2014

Transaction ID : ABAB3054AEFAB494F991

Amount of Each Receipt this Period
250.00

C. Mr. Donald H. Nikolaus
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 302

City Marietta	State PA	Zip Code 17547-0302
------------------	-------------	------------------------

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

Name of Employer Donegal Mutual Insurance Company	Occupation President & CEO
--	-------------------------------

Receipt For:
 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
01	/	15	/	2014

Transaction ID : A2CE8D40E812E40E2887

Amount of Each Receipt this Period
500.00

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 14 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Mr. Vincent G. Noggle
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 400

City Branchville State NJ Zip Code 07826-0400

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

Name of Employer Franklin Mutual Insurance Company Occupation Treasurer/Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2014
Transaction ID : A07A31A1B81B243DF846

Amount of Each Receipt this Period 250.00

B. Mr. L. Gerald Roach CPCU, FLMI
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6927

City Richmond State VA Zip Code 23230-0927

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

Name of Employer Mutual Assurance Society of Virginia Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2014
Transaction ID : AA9BDCA8C13D94868B11

Amount of Each Receipt this Period 250.00

C. Ms. Melinda Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Cottonwood State MN Zip Code 56229-0048

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

Name of Employer North Star Mutual Insurance Company Occupation Senior Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2014
Transaction ID : A97742DB670364B3AA98

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

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

A. Mr. Kurt H. Seelbach CPA, CPCU
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Eisenhower Rd
 City Leavenworth State KS Zip Code 66048-1190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Armed Forces Insurance Exchange Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : A07C13D5269064B19967
 Amount of Each Receipt this Period
 750.00

B. Mr. Wiley Shockley
 Full Name (Last, First, Middle Initial)
 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 RVOS Farm Mutual Insurance Company Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : A31FB4EBD10914FEBADC
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : AFC8CA127B14F4B36A4A
 Amount of Each Receipt this Period
 105.00

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. James Streff FCAS, MAAA		Date of Receipt
Mailing Address 1178 College Avenue		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Red Wing	MN	55066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AFDA63E639D114A96ABA
Name of Employer	Occupation	Amount of Each Receipt this Period
North Star Mutual Insurance Company	Director	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Tim F. Sullivan RPLU		Date of Receipt
Mailing Address PO Box 68700		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46268-0700
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AEC879DD223B94A68BB5
Name of Employer	Occupation	Amount of Each Receipt this Period
NAMIC Insurance Company, Inc.	President & CEO	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="288.45"/>	

Full Name (Last, First, Middle Initial) C. Mr. Terry L. Timm CPCU		Date of Receipt
Mailing Address PO Box 48		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cottonwood	MN	56229-0048
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ACF4561FF8C6146B6A20
Name of Employer	Occupation	Amount of Each Receipt this Period
North Star Mutual Insurance Company	Senior Vice President of Marketing	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="596.15"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="10828.59"/>

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

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

FOR LINE NUMBER: PAGE 17 OF 20
(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. Farmers Mutual Hail Ins Co of Iowa Political Action Committee (FMH PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 6785 Westown Parkway
 City West Des Moines State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C** C00117614
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014
Transaction ID : A32CBF9F526BF4BF0B1C
 Amount of Each Receipt this Period
 2000.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Chase Bank
Full Name (Last, First, Middle Initial)
Mailing Address 8751 Michigan Rd
City Indianapolis State IN Zip Code 46268-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : A051A5BE1F91D4F75B4E
Amount of Each Receipt this Period 4.28
Bank Interest

B. Chase Bank
Full Name (Last, First, Middle Initial)
Mailing Address 8751 Michigan Rd
City Indianapolis State IN Zip Code 46268-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : AB99D88F28C99487BAB2
Amount of Each Receipt this Period 0.07
Bank Interest

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

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

SUBTOTAL of Receipts This Page (optional).....▶	4.35
TOTAL This Period (last page this line number only).....▶	4.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : B2C5A66A744774312A02

Amount of Each Disbursement this Period

1	6	.	2	5
---	---	---	---	---

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

Transaction ID : BAF81E00590A5425C873

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : B58C97364BE16400ABB5

Amount of Each Disbursement this Period

4	6	.	4	7
---	---	---	---	---

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

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

7	0	.	6	7
---	---	---	---	---

7	0	.	6	7
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. John Smithee Campaign

Mailing Address Post Office Box 2910

City Austin State TX Zip Code 78768-2910

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : BEFF6991A0F094E6E9AD

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-500.00

-500.00