

**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="2016"/>		94271.84
(b) Cash on Hand at Beginning of Reporting Period.....	44034.28	
(c) Total Receipts (from Line 19)	36103.83	472202.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80138.11	566474.29
7. Total Disbursements (from Line 31).....	58000.00	544336.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22138.11	22138.11
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).....	30117.91	322466.04
(ii) Unitemized	3985.92	95976.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34103.83	418442.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	48200.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	36103.83	466642.70
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	2531.23
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1028.52
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)).....▶	36103.83	472202.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36103.83	472202.45

DETAILED SUMMARY PAGE

of Disbursements

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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	0.00	2836.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	2836.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58000.00	484500.00
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	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 (Including Non-Federal Donations).....	0.00	56999.99
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)) ..	58000.00	544336.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58000.00	544336.18

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)	36103.83	466642.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36103.83	466642.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2836.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2531.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	304.96

**SCHEDULE A (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 83
<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. Abens, Robert, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 35

City Humboldt	State IA	Zip Code 50548
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Humboldt Mutual Insurance Association	Occupation (for Individual) Secretary/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
930.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : AF4592C5976344C3ABA4

Amount of Each Receipt this Period
705.00

Memo Item

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

Mailing Address PO Box 30660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : ABE0CF010D8D14FC68FB

Amount of Each Receipt this Period
85.00

Memo Item

C. Albert, Todd, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

City Bucyrus	State OH	Zip Code 44820
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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) Chief Information Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A622B353549AA4AA0A67

Amount of Each Receipt this Period
40.00

Memo Item

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 7 OF 83
<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt **10 / 17 / 2016**
Transaction ID : AA69945C91685418A825
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Alexander, Michael, Jim, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2502
 City Fargo State ND Zip Code 58108-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nodak Mutual Insurance Company Occupation (for Individual) Executive Vice President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **10 / 11 / 2016**
Transaction ID : A3696F84C4234442593F
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Alighieri, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance Occupation (for Individual) Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **10 / 14 / 2016**
Transaction ID : A38F7291735D44FF2997
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
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 83
<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. Alldredge, Neil, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268
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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 - State and Poli
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A28C5A0A62DCE4080B1A

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268
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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 - State and Poli
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A9F62655201DA461384E

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 222 Ames St

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) Director, Network Admin
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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
10		14		2016

Transaction ID : A5869A4799F4344E5AA6

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 83
	<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. Allen, Diane, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapri Blvd

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A98B9EB0B58684B11916

Amount of Each Receipt this Period
75.00

Memo Item

B. Arens, Rick, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A47265CC267A54A89AF4

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 20 F St NW
Ste 510

City Washington	State DC	Zip Code 20001
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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) PAC Director
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A4A5498C33A3E42A19E1

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 83
	<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. Ashton, Laura Grace, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 F St NW
Ste 510

City Washington	State DC	Zip Code 20001
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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) PAC Director
---	---

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
10		14		2016

Transaction ID : A754A348841FD4D9DBB5

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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
10		06		2016

Transaction ID : A6CB26E82B8C941EFB80

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address PO Box 30660

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A721E762088EB482984D

Amount of Each Receipt this Period
60.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 83
<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. Ballantyne, Rigg, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 Midlantic Dr
Ste 200 S

City Mount Laurel	State NJ	Zip Code 08054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Maiden Re	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A98C23DC9E6394D2EA8A

Amount of Each Receipt this Period
1050.00

Memo Item

B. Barker, Erik, , 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) Account Manager - Membership & Insu
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : AD4F452D44CD8457E96C

Amount of Each Receipt this Period
9.62

Memo Item

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

Mailing Address PO Box 30660

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : AD626FE5E219248B69EA

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1094.62
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 83
<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) Chairman & CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

Transaction ID : A022A17CBB72F4EDAB02

Amount of Each Receipt this Period
116.00

Memo Item

B. Bishop, John, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 471 E Broad St

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Company	Occupation (for Individual) Chairman of the Board
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A3F83B75BF5F34C28BA4

Amount of Each Receipt this Period
100.00

Memo Item

C. Black, Jake, , 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
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
409.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A5A3E987BC95B458B9E6

Amount of Each Receipt this Period
45.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	261.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 83
<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. Brumley, Tina, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : A7403E0991C50492A8A2

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : AB1AAD136D3BE49C5A8E

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 1460 Wells St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : A91CE5E4538744E0FAF9

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.00
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 83
	<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. Campbell, Sean, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Preferred Way

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

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Casualty Operations Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : AC95A6AB29698479BA12

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address 101 N Wooster St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Transaction ID : A5F8F5F9EBC024E8FB68

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
236.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A00187B01EC0D444E98D

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Carmony, Tod, J., Mr.,

Mailing Address PO Box 926

City Wooster	State OH	Zip Code 44691
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A43B2236560EC4CBA92F

Amount of Each Receipt this Period
1100.00

Memo Item

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

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 of Claims Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A59F48BB97A774329940

Amount of Each Receipt this Period
20.83

Memo Item

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

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) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : AE7EDAC960D3C4856B97

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1210.83
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 16 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 68700

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

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 ▼
1990.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A084F0A2523864A09846

Amount of Each Receipt this Period
90.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A1D0336C1F4E940A6896

Amount of Each Receipt this Period
35.00

Memo Item

C. Chung, Peter, , 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) Personal Lines Business Unit Leader
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A189F7FF9DD7D4D73BAB

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 83
<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. Coe, Mark, , 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) IT Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
741.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A0E27DC4320C445C4B9A

Amount of Each Receipt this Period
39.00

Memo Item

B. Coe, Mark, , 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) IT Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : A7E5029AF7DCF4B1EB81

Amount of Each Receipt this Period
39.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : AFEFE126055DA4223BD4

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 18 OF 83
<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. Cote, David, N., 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) Corporate Secretary, NE Division Mana
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : ABF6DEF44B7F44862B4A

Amount of Each Receipt this Period
10.00

Memo Item

B. Coykendall, Scott, , 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 Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : A8FD85CDF09234CE590E

Amount of Each Receipt this Period
35.00

Memo Item

C. Crown, Brian, , 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) Director, Internal Audit
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : AA3AC7DF5CAAC47DABF

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
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 19 OF 83
	<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. Cyphert, Randall, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Still Dr

City Clarion	State PA	Zip Code 16214-2110
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Farmers Mutual Fire Insurance Company	Occupation (for Individual) Chairman of the Board
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

Transaction ID : A9ACE5D67A11D424F854

Amount of Each Receipt this Period
200.00

Memo Item

B. Davis, Paul, R., Mr.,
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) Vice President - Claims
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : AA9C7A9D8B31F49F2B4C

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 646

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 ▼
3670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A93D00E30124D42929AA

Amount of Each Receipt this Period
170.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 83
<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. DeArment, Dan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 646

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 ▼
3670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : ACE3D48216B8E42A99E9

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 646

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 ▼
3670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : ABDC4FF3F674240A2A1E

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2390.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : ADE3B7F121D8F4D539A4

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 83
<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. DeChatelets, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2390.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A2959855238674853A89

Amount of Each Receipt this Period
208.34

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
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
869.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : A63AE2FD2F2F346CE8BC

Amount of Each Receipt this Period
43.48

Memo Item

C. 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
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
913.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : A99187525FA0A4C54ADB

Amount of Each Receipt this Period
43.48

Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.30
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 22 OF 83
	<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. Drier, Charles, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3337

City Peoria	State IL	Zip Code 61612
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A3A9B4DDEB07F4819B66

Amount of Each Receipt this Period
83.33

Memo Item

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

Mailing Address PO Box 385

City Denver	State IA	Zip Code 50622
----------------	-------------	-------------------

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

Name of Employer (for Individual) First Maxfield Mutual Insurance Associ	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A0B5D23B139DB4E7A946

Amount of Each Receipt this Period
200.00

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
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1923.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A2BE915A3DBE54ED7A0F

Amount of Each Receipt this Period
96.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....	379.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 83
<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. 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
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2019.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : AE0C55A4CBA1D46E8899

Amount of Each Receipt this Period
96.16

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 ▼
1463.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

Transaction ID : A14E9FD012FB342A3903

Amount of Each Receipt this Period
77.00

Memo Item

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

Mailing Address PO Box 645

City Brenham	State TX	Zip Code 77834
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A66D23597A13A42FBBBB

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	273.16
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 24 OF 83
	<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. Eriksen, Andrew, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A366D8777B300452899B

Amount of Each Receipt this Period
100.00

Memo Item

B. Escue, Keith, , 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) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A514AAD41FAC048CCAE7

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 20935 Swenson Dr
Ste 200

City Waukesha	State WI	Zip Code 53186
------------------	-------------	-------------------

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

Name of Employer (for Individual) Partners Mutual Insurance Company	Occupation (for Individual) Executive Vice President, Secretary, &
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A9336F4FDD2604130A27

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 83
<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. Faron, Barbara, , Ms.,
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) Project Leader
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A65B86CD5AA8D464E97F

Amount of Each Receipt this Period
9.62

Memo Item

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

Mailing Address 222 Ames St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A06D16FB1AC504FD2B5D

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 2401 S Memorial Dr

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

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

Name of Employer (for Individual) SECURA Insurance, A Mutual Company	Occupation (for Individual) VP, General Counsel and Assistant Sec
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : AA150032D225A467B8EB

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	74.62
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 83
	<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. Fisher, Gayle, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President-Life Operatio
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2016
Transaction ID : AB9F527A4740544938BB
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Fitzsimmons, Robert, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 Lickingville Rd
 City Lickingville State PA Zip Code 16332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmers Mutual Fire Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A2F841FCC7E8648F7879
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Frisinger, Rusty, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1050
 City Fayetteville State AR Zip Code 72702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington County Farmers Mutual Fire Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A295F9683C14D4F1489F
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 83
	<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. Gibbel, Henry, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 900

City Lititz	State PA	Zip Code 17543
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A2C542682636241C6B1B

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : A22BF741DC5BB4C5A895

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 20 F St NW
Ste 510

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

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-Federal and Poli
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2272.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A798AF385829942D789C

Amount of Each Receipt this Period
113.64

Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.11
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 83
	<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. 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-Federal and Poli
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2386.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : AE671C7DE7692471DB4E

Amount of Each Receipt this Period
113.64

Memo Item

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

Mailing Address PO Box 186

City Underwood	State MN	Zip Code 56586
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A41BF72F7C93A4F92B2E

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 111

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A825F53914B324581A71

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	183.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 83
<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. Grove, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 111

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : AF662AAB1D3064F1DB51

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address PO Box 489

City Rogers	State AR	Zip Code 72757
----------------	-------------	-------------------

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

Name of Employer (for Individual) Farmers Protective Mutual Insurance Co	Occupation (for Individual) Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : AB6523C9E75E14BF4856

Amount of Each Receipt this Period
1000.00

Memo Item

C. Hair, John, , 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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : A2D6D1A8834484B9993D

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1060.00
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 83
	<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. Hair, John, , 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 ▼ 840.00

Date of Receipt 10 / 14 / 2016
Transaction ID : ABC965F713A304023BE7
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Hanby, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5626
 City Rockford State IL Zip Code 61125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Mutual Insurance Company Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 391.53

Date of Receipt 10 / 11 / 2016
Transaction ID : A3884B26460644E43AFC
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Hannula, Fred, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 06 / 2016
Transaction ID : A73AF95CA735246899C7
 Amount of Each Receipt this Period 40.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 83
	<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. Haswell, Joseph, B., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance Occupation (for Individual) Assistant Division Manager, Casualty C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A81A7F429CB6846DCA50
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Hawkins, Rich, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Vice President, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 856.00

Date of Receipt 10 / 03 / 2016
Transaction ID : A80C5798D07A4445A893
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Heaney, Eugene, T., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Vice President of Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 11 / 2016
Transaction ID : AC1CF9039FB8F4F638D6
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 83
	<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. Heeren, Shane, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A17DCB3B30CC04AE6BF7

Amount of Each Receipt this Period
60.00

Memo Item

B. 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, President, & CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A6B74D2BE5A644D50B1A

Amount of Each Receipt this Period
2000.00

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, President, & CEO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : A54608EC1D24242D7A3F

Amount of Each Receipt this Period
38.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2098.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 83
<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. Henderson, Stuart, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5350 W 78th St

City Edina	State MN	Zip Code 55439
---------------	-------------	-------------------

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

Name of Employer (for Individual) Western National Mutual Insurance Comp	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A6FC90D33B54E4490B7D

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address PO Box 88

City Fort Worth	State TX	Zip Code 76101
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Agricultural Workers Mutual Auto Insur	Occupation (for Individual) Chairman & President
---	---

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
10		11		2016

Transaction ID : A52C6F0CE15F046F483D

Amount of Each Receipt this Period
1500.00

Memo Item

C. Hill, Marcus, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 88

City Fort Worth	State TX	Zip Code 76101
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Agricultural Workers Mutual Auto Insur	Occupation (for Individual) Chairman & President
---	---

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
10		11		2016

Transaction ID : A7678254E0E334953A9C

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2900.00
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 83
<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. Holle, Gary, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Brenneke St
 City Bremen State KS Zip Code 66412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bremen Farmers' Mutual Insurance Compa Occupation (for Individual) Chairman of the Board
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A449425F7F5064787A18
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Hovland, Robert, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 365
 City Rugby State ND Zip Code 58368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center Mutual Insurance Company Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 11 / 2016
Transaction ID : AE8AD5B32760C40DDA8E
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Hyle, Timothy, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Vice President, Finance & Risk Manage
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A6E08F03CD2324F2DAF1
 Amount of Each Receipt this Period 150.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 83
	<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. Imus, Catherine, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President of Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 03 / 2016
Transaction ID : ADD9851FDD6644BC8A2
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Imus, Catherine, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President of Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A366B8C8BB8464FC5B01
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Jakubick, Theresa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Project Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A7296842B4D6844009EA
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 83
	<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. Jakubick, Theresa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2016
Transaction ID : A67A554A2C56D40FC8DB
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Johnson, Gary, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Assistant Vice President, Business Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A1DA26D2BA4F44C789BA
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Johnson, Gary, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 111
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Mutual Insurance Company Occupation (for Individual) Assistant Vice President, Business Ins
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 17 / 2016
Transaction ID : A0D642CB650BA4AB381A
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 83
<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. Jorgensen, Jon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : A6FD25C35791044D1B97

Amount of Each Receipt this Period
50.00

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 ▼
909.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : ADF22E4D3C7A04768B61

Amount of Each Receipt this Period
45.46

Memo Item

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

Mailing Address 20 F St NW
Ste 510

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

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 ▼
954.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : A3D04EC01D77E4B5DA79

Amount of Each Receipt this Period
45.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.92
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 38 OF 83
	<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. Keeney, Pamela, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Vice President - Underwriting & Ins Op
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A5CCDC0FEEF804BF88C6

Amount of Each Receipt this Period
15.00

Memo Item

B. Keeney, Pamela, J., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Vice President - Underwriting & Ins Op
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A4EFD20B5E77A4AA59ED

Amount of Each Receipt this Period
15.00

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 ▼
741.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : A3A8BBC30CD454908B37

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
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 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Manager, Home Office Claims
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A9FAC7258B02E4C49902

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) HR Coordinator
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A4EF481C33E1B4ED5A74

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A8A66B36FFA65435C8F8

Amount of Each Receipt this Period
80.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 83
	<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. 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 ▼
722.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : A5AA838D9BE354733A68

Amount of Each Receipt this Period
38.00

Memo Item

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

Mailing Address PO Box 325

City Sioux Center	State IA	Zip Code 51250
----------------------	-------------	-------------------

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

Name of Employer (for Individual) German Farmers Mutual Insurance Associ	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Transaction ID : A0EDC5A776CD74153AEB

Amount of Each Receipt this Period
300.00

Memo Item

C. Krapf, Alan, W., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9800 Fredericksburg Rd

City San Antonio	State TX	Zip Code 78288
---------------------	-------------	-------------------

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

Name of Employer (for Individual) USAA Casualty Insurance Company	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : AFD4635F63E914FF0BE8

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	438.00
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 83
	<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. Lawens, Mitch, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A927C1E36DC5946A3924

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address PO Box 396

City Ellinwood	State KS	Zip Code 67526
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A7ADA187E76814721BF1

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address PO Box 6927

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A373545FC8F2B4A25B39

Amount of Each Receipt this Period
83.32

Memo Item

SUBTOTAL of Receipts This Page (optional).....	158.32
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 42 OF 83
	<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. Lombardo, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Broad St

City Branchville	State NJ	Zip Code 07826
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Franklin Mutual Insurance Company	Occupation (for Individual) IT Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : AE300B41237C2404B96D

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1 Preferred Way

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

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) SVP, Profit Center Operations & Custodi
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : AD3A11A60D91D4080BCB

Amount of Each Receipt this Period
240.00

Memo Item

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

Mailing Address 1 Preferred Way

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

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Manager - Commercial Lines E-Busines
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A84D1F0F37D584AF0AD3

Amount of Each Receipt this Period
230.82

Memo Item

SUBTOTAL of Receipts This Page (optional).....	720.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 83
	<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. Lopilato, Kathleen A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1208
 City Bath State OH Zip Code 44210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 06 / 2016
Transaction ID : AD1F47A1BB1CE467BBD
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Ludema, Hilary, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President - Personal Li
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 06 / 2016
Transaction ID : AC6F36C424D774F98878
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Lynch, Tim, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Assistant Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016
Transaction ID : A72CE4130D8444955BC2
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 131.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 83
	<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. Mackenzie, Laurinda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.01

Date of Receipt 10 / 14 / 2016
Transaction ID : AC137992A43814DABBE9
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 10 / 06 / 2016
Transaction ID : AD1434A44288944FEB1A
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Martin, Ronald, R., Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Mutual Insurance Company Occupation (for Individual) Vice President - Personal Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 11 / 2016
Transaction ID : AFDD0A66A3B1D4D76A66
 Amount of Each Receipt this Period 57.72
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 83
	<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. McCain, Phil, , 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 ▼
730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : A73892A4C5DCD4A53865

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address PO Box 244017

City Montgomery	State AL	Zip Code 36124
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) RVP - Montgomery Region
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A2EDB724A14494C1FAF0

Amount of Each Receipt this Period
30.00

Memo Item

C. McKenzie, Sherry, L., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A393AB8436A214B7F812

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 83
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McLeod, Brian, S., Mr.,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2016 Transaction ID : AD4A2DCB35AEA4784BA4		
Mailing Address One Mutual Ave			Amount of Each Receipt this Period 38.54		
City Frankenmuth	State MI	Zip Code 48787	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 693.72		
Name of Employer (for Individual) Frankenmuth Mutual Insurance Company		Occupation (for Individual) Vice President, Secretary & Treasurer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melerine, Darryn, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2016 Transaction ID : A755994911375427EAD4		
Mailing Address 3601 Vincennes Road			Amount of Each Receipt this Period 1175.00		
City Indianapolis	State IN	Zip Code 46268-1154	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1325.00		
Name of Employer (for Individual) MD Claims Group		Occupation (for Individual) Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mengerink, R.F., , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2016 Transaction ID : AD915F60264234DDEAE8		
Mailing Address PO Box 30660			Amount of Each Receipt this Period 42.00		
City Lansing	State MI	Zip Code 48909	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 324.00		
Name of Employer (for Individual) Auto-Owners Insurance Company		Occupation (for Individual) AVP Information Systems & Technology			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....	1255.54
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 47 OF 83
<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. Michael, Scott, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6101 Anacapri Blvd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : AADAD2C31AF764184B19

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 68700

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

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : AD5252321AE02426FB63

Amount of Each Receipt this Period
40.00

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : A7E0FC66C69FC46DAB03

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
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 48 OF 83
<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. Mohr, Dona, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 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) Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt 10 / 11 / 2016
Transaction ID : AF86E2E916F7B4F2887A
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Mohr, Dona, L., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Hopley Ave
 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) Assistant Vice President-Quality Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 17 / 2016
Transaction ID : A8BE7D7C915454D91A49
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Muller, Carolyn, B., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30660
 City Lansing State MI Zip Code 48909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Senior Vice President - Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2016
Transaction ID : AE27E89EC02374DB18E1
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 49 OF 83
	<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. 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) Vice President, Personal Lines & Marke
---	---

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
10		14		2016

Transaction ID : A18DE6A66DA16454897C

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address PO Box 666

City Forreston	State IL	Zip Code 61030
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Forreston Mutual Insurance Company	Occupation (for Individual) Operations Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A1FD54E85EC954C2A9B4

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1460 Wells St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : AF0539449464246DE996

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 83
	<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. Northard, James, , 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) Web Design Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 14 / 2016
Transaction ID : A4CF0E673ABE941F7999
 Amount of Each Receipt this Period 9.62
 Memo Item

B. Owens, Roger, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Wells St
 City Enumclaw State WA Zip Code 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mutual of Enumclaw Insurance Company Occupation (for Individual) Special Investigation Program Manage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 10 / 03 / 2016
Transaction ID : A224169DE1BF14955AC4
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Paul, John, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 498
 City Council Bluffs State IA Zip Code 51502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Iowa Mutual Insurance Associat Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 10 / 11 / 2016
Transaction ID : AA90B607D514D44F5A63
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	151.30
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 51 OF 83
	<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. Paul, John, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 498

City Council Bluffs	State IA	Zip Code 51502
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Western Iowa Mutual Insurance Associat	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A20917740EF9D44C9A97

Amount of Each Receipt this Period
100.00

Memo Item

B. Pettersen, Helen, , Ms.,
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) IT Project Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A8D9FAD49261B4F18BCD

Amount of Each Receipt this Period
10.00

Memo Item

C. Phillips, Andrea, I., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A1AA948E8B97B41E2B84

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Pierce, Mary, S., Ms.,

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) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A3EAE23C38B344281BA3

Amount of Each Receipt this Period
83.33

Memo Item

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

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) Human Resources Professional
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : AF770C3EA25294E02A44

Amount of Each Receipt this Period
90.00

Memo Item

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

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) Vice President
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A417A7E801D544D52BDC

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	203.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 83
<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. Rasmussen, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : A7FE8D9AA805E429A892

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 1460 Wells St

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

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) Trustee
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A88A8336B6514457C887

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Director - State Affairs, Southeast Re
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : AAD8DC0C39C9A4FD98D1

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 83
	<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. Riedemann, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 168

City Hartley	State IA	Zip Code 51346
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Century Mutual Insurance Association	Occupation (for Individual) President/Treasurer/CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A47D30FDDFC584775902

Amount of Each Receipt this Period
300.00

Memo Item

B. Riekse, Jonathan, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President, Personal Lines
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : A23ACAFC537874D3E9A2

Amount of Each Receipt this Period
83.33

Memo Item

C. Rodgers, Jonathan, , 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) Accounting Regulation Analyst
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : A84E77324262D4D2A8AC

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	393.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 83
	<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. Roesch, Ed, , 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) Director, Claims Department
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : ABD934ABFA67844DBAEE

Amount of Each Receipt this Period
10.00

Memo Item

B. Ruud, Kelly, , ,
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) Manager of Financial Systems
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A12E163C7D9364EA7925

Amount of Each Receipt this Period
12.00

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 ▼
687.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : AAF64245754B44D4E969

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 83
<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, 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 ▼
636.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : AAF579C4E114F4AEFAF4

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125
------------------	-------------	-------------------

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

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
736.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A61635A00195C4ABA9A7

Amount of Each Receipt this Period
117.00

Memo Item

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

Mailing Address 1460 Wells St

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

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

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) General Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1875.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A20319C62829B40D28BA

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.34
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 57 OF 83
<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. Sisk, Jonathan, D., Mr.,
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) Vice President, Information Systems
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : AC5F8889BE411429DA1F

Amount of Each Receipt this Period
41.68

Memo Item

B. Sliver, Steven, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 577

City Huntingdon	State PA	Zip Code 16652
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mutual Benefit Insurance Company	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A62D81A4645C649538E0

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1 Preferred Way

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

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Director, Applications & Product Devel
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A9179DD8589A24D0E8D2

Amount of Each Receipt this Period
120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Smith, Julie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Riverview Dr

City Ewing	State NJ	Zip Code 08628-2617
---------------	-------------	------------------------

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

Name of Employer (for Individual) Information Requested	Occupation (for Individual) Member
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2016

Transaction ID : AAC4FBB5C10C84342924

Amount of Each Receipt this Period
2300.00

Memo Item

B. Speicher, Steven, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2016

Transaction ID : AFD08276759254AEFBE1

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 68700

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		03		2016

Transaction ID : A4FD83C90AFEC44A89D2

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2370.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 83
	<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. Spriggs, Kristen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 68700
 City Indianapolis State IN Zip Code 46268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Mutual Insuran Occupation (for Individual) Vice President - Member Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2016
Transaction ID : AE8E2387A240A45BE920
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Stuckrath, Edward, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Anacapri Blvd
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto-Owners Insurance Company Occupation (for Individual) Regional Vice President - Westminister
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 226.64

Date of Receipt 10 / 06 / 2016
Transaction ID : A3CAF079F280948B28B7
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Sullivan, Mary, B., Ms., CIC, AAI
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Vincennes Rd
 City Indianapolis State IN Zip Code 46268-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAMIC Insurance Company, Inc. Occupation (for Individual) NIA Operations Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A6733D68207974B249E1
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 83
<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. Sullivan, Tim, 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 ▼
1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A011F5123D1DD443FBEC

Amount of Each Receipt this Period
96.15

Memo Item

B. Sullivan, Tim, 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 ▼
2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A966F434BCDF747C2BBA

Amount of Each Receipt this Period
96.15

Memo Item

C. 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/Insurance
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : AF9D0ECF82FAB41E2A99

Amount of Each Receipt this Period
40.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 83
	<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. 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/Insurance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : A439AED3921334C20B5E

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	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
10	/	06	/	2016

Transaction ID : AA0D2542AD603408C852

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) State & Policy Affairs Counsel
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : A69867741F9FE493D940

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
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 62 OF 83
	<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. Tetrault, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) State & Policy Affairs Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A8525F22C953C4677A0A

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address PO Box 30660

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : AA1B160174A5945E5A81

Amount of Each Receipt this Period
90.00

Memo Item

C. Thesing, Joe, , 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 - State Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : AA383A0180E7A4C21BC3

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 63 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thesing, Joe, , 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 - State Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A73767BD1D58042B1902

Amount of Each Receipt this Period
40.00

Memo Item

B. 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 ▼
2900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : ADE0B0C9BADF14157A0E

Amount of Each Receipt this Period
1550.00

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 ▼
2900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A0F835209BE1B402EBCF

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2040.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 83
	<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. Thompson, Michael, W., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Norfolk & Dedham Mutual Fire Insurance Director, Finance and Investment
 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
 10 / 14 / 2016
Transaction ID : A8537DA1EA3044F88B11
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Ulmer, Michael, , 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) Occupation (for Individual)
 National Association of Mutual Insuran Vice President - Business Developmen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : AD1C088FC1ED14D799ED
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Valentine, Aaron, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Preferred Way
 City New Berlin State NY Zip Code 13411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Preferred Mutual Insurance Company Senior Vice President, Treasurer & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 824.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2016
Transaction ID : A886BD95A439E4162927
 Amount of Each Receipt this Period
 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
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 65 OF 83
<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. Walsh, James, J., Mr., Jr.
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) Vice President-Claims
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : A8EA11FC9DCDA4FB6945

Amount of Each Receipt this Period
55.00

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) Manager - Business Insurance Product
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A68C0FF57259C4E6CB97

Amount of Each Receipt this Period
40.00

Memo Item

C. 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) Manager - Business Insurance Products
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : A486DB93E36C74C57A15

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 83
	<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. Ward, Ann, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

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

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

Name of Employer (for Individual) NAMIC Insurance Company, Inc.	Occupation (for Individual) Senior Underwriter/Tax Specialist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : A7E29056DFFF742A0BB2

Amount of Each Receipt this Period
10.00

Memo Item

B. Ward, Ian, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 30660

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

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

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Senior Vice President, Investments and
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A0B291CE2DAFD4206AAF

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address PO Box 3428

City Knoxville	State TN	Zip Code 37927-3428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Farmers Mutual of Tennessee	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
10		11		2016

Transaction ID : AA29D41A86B62445CB40

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	344.00
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 67 OF 83
<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. Weaver, Nichole, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Preferred Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : AFC6B9FEA9BAB4D24939

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address 1 Preferred Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
569.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A9F7A0CF27D4165A63

Amount of Each Receipt this Period
300.00

Memo Item

C. 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 ▼
1220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : A59633EF8E4284D82AA5

Amount of Each Receipt this Period
210.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 83
	<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. White, Jessica, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Preferred Way

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

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

Name of Employer (for Individual) Preferred Mutual Insurance Company	Occupation (for Individual) Auto PD Claims Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A29DBAF13ACA24B4ABD.

Amount of Each Receipt this Period
120.00

Memo Item

B. White, Wayne, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 78 Hill Farm Rd

City Conway	State AR	Zip Code 72032
----------------	-------------	-------------------

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

Name of Employer (for Individual) Norfolk & Dedham Mutual Fire Insurance	Occupation (for Individual) SE Region Business Development Mar
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A0BFDEF5A2C3949258DB

Amount of Each Receipt this Period
800.00

Memo Item

C. Wickham, Gordon, E., 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) AVP-Information Systems & Technology
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : AC37BFB80554F4F30A58

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	941.00
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 69 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wrobel, Jeffrey, S., Mr., Sr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6927

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

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

Name of Employer (for Individual) Mutual Assurance Society of Virginia	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
906.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : A0E0C944230D247C0976

Amount of Each Receipt this Period
 168.00

Memo Item

B. Wronski, Thomas, S., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Davison Rd

City Lockport	State NY	Zip Code 14094
------------------	-------------	-------------------

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

Name of Employer (for Individual) United Frontier Mutual Insurance Compa	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : A3EA36E76D51447D8925

Amount of Each Receipt this Period
 300.00

Memo Item

C. Yesbeck, Daniel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 527 Colman Center Dr

City Rockford	State IL	Zip Code 61108
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
209.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : AF3D4AFEE205341E08D3

Amount of Each Receipt this Period
 34.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	502.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 83
	<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. Zenke, Jerry, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 708

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

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

Name of Employer (for Individual) Mound Prairie Mutual Insurance Company	Occupation (for Individual) General Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A4F4684A8113F47C98E8

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO Box 708

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

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

Name of Employer (for Individual) Mound Prairie Mutual Insurance Company	Occupation (for Individual) General Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : A337502D736BA491B886

Amount of Each Receipt this Period
150.00

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).....	650.00
TOTAL This Period (last page this line number only).....	30117.91

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 83
<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
Farmers Mutual Hail Ins Co of Iowa Political Action Committee (FMH PAC)

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 (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : AC361F2095C24452591D

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

**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. ALBIO SIRES FOR CONGRESS COMMITTEE

Mailing Address 595 57TH ST

City
WEST NEW YORK

State
NJ

Zip Code
07093

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sires, Albio, , , JR

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C C00207431

Transaction ID : BD043B0902

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andre Carson for Congress

Mailing Address P.O. Box 1863

City
Indianapolis

State
IN

Zip Code
46206-1863

Purpose of Disbursement
Contribution to Committee

Candidate Name

Carson, Andre, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: IN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00442921

Transaction ID : B0B15A03F6

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ann Wagner for Congress

Mailing Address P.O. Box 50

City
Ballwin

State
MO

Zip Code
63022-0050

Purpose of Disbursement
Contribution to Committee

Candidate Name

Wagner, Ann, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00495846

Transaction ID : B73B21EE6E

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. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City
THE WOODLANDS

State
TX

Zip Code
77387

Purpose of Disbursement
Contribution to Committee

Candidate Name

Brady, Kevin, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C C00311043

Transaction ID : B0BD89B27F

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Canary Fund

Mailing Address P.O. Box 15293

City
Washington

State
DC

Zip Code
20003-0293

Purpose of Disbursement
Contribution to Committee

Candidate Name

Canary Fund

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00555342

Transaction ID : B527128DA6

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Carlos Curbelo Congress

Mailing Address 8770 SW 72nd Street

City
Miami

State
FL

Zip Code
33173-3512

Purpose of Disbursement
Contribution to Committee

Candidate Name

Curbelo, Carlos, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00546846

Transaction ID : B3327D90DE

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)..... ▶

9000.00

**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. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
Contribution to Committee

Candidate Name
Cleaver, Emanuel, , Rep., II

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District: 05

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C C00395848
Transaction ID : B8A4D6C126
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT HENRY HANK JOHNSON

Mailing Address 4262 CLAUSELL COURT
SUITE A

City DECATUR State GA Zip Code 30035

Purpose of Disbursement
Contribution to Committee

Candidate Name
Johnson, Hank, C., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 04

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C C00418293
Transaction ID : B034F12E928
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: 2016 Primary General Other (specify) ▼
State: OR District: 04

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C C00215905
Transaction ID : B540C7D2EE
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. 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: 2016
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00472159

Transaction ID : B2812296441

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Don Bacon for Congress

Mailing Address P.O. BOX 391368

City Omaha

State NE

Zip Code 68139-1368

Purpose of Disbursement
Contribution to Committee

Candidate Name

Bacon, Donald, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00575167

Transaction ID : BAA39397FFI

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Don Bacon for Congress

Mailing Address P.O. BOX 391368

City Omaha

State NE

Zip Code 68139-1368

Purpose of Disbursement
Contribution to Committee

Candidate Name

Bacon, Donald, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C C00575167

Transaction ID : B7DE9A0D4;

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Duncan D Hunter for Congress		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address P.O. Box 1545		FEC Identification Number C 000433524 Transaction ID : BACEFAE3A: Amount of Each Disbursement this Period 1000.00
City La Mesa	State CA	Zip Code 91944-1545
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Hunter, Duncan, D., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 50	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Emmer for Congress		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address P.O. Box 998		FEC Identification Number C 000545749 Transaction ID : B35F4ABAFc Amount of Each Disbursement this Period 3000.00
City Anoka	State MN	Zip Code 55303-0998
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Emmer, Thomas, E., Rep., Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FIRST IN FREEDOM PAC		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 228 S WASHINGTON STREET SUITE 115		FEC Identification Number C 000540146 Transaction ID : B9E91D3906 Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name FIRST IN FREEDOM PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
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 Dennis Ross

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 7310

City Lakeland State FL Zip Code 33807-7310

Purpose of Disbursement
Contribution to Committee

Candidate Name
Ross, Dennis, A., Rep.,

Office Sought: House Senate President
State: FL District: 15

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: **C00459461**
Transaction ID : **BD05F72BE1**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Friends of Erik Paulsen

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement
Contribution to Committee

Candidate Name
Paulsen, Erik, , Rep.,

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

Disbursement For: 2016
 Primary General Other (specify)

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: **C00439661**
Transaction ID : **BBA7FBAA97**
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. FRIENDS OF PAUL MITCHELL

Full Name (Last, First, Middle Initial)
Mailing Address 66860 VAN DYKE ROAD

City WASHINGTON State MI Zip Code 48095

Purpose of Disbursement
Contribution to Committee

Candidate Name
Mitchell, Paul, , III

Office Sought: House Senate President
State: MI District: 10

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: **C00581090**
Transaction ID : **BE3B619DD6**
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. Gibbs for Congress

Mailing Address 13871 TR 473

City
Lakeville

State
OH

Zip Code
44638

Purpose of Disbursement
Contribution to Committee

Candidate Name

Gibbs, Bob, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00466516

Transaction ID : B9F6F7E1CC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HOOSIERS FIRST PAC

Mailing Address 115 W WASHINGTON STSUITE 1165

City
Indianapolis

State
IN

Zip Code
46204-3418

Purpose of Disbursement
Contribution to Committee

Candidate Name

HOOSIERS FIRST PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00492082

Transaction ID : B67614D80Cf

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution to Committee

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00140715

Transaction ID : B8C999A492

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. JOBS AND INNOVATION MATTER PAC (JIM PAC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	6		

Mailing Address PO BOX 15320

FEC Identification Number

C C00494112

Transaction ID : BA082ED998
Amount of Each Disbursement this Period

1000.00

Memo Item

City
Washington

State
DC

Zip Code
20003-0320

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

JOBS AND INNOVATION MATTER PAC (JIM PAC)

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State:

District:

Other

Full Name (Last, First, Middle Initial)

B. Klobuchar for Minnesota

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	6		

Mailing Address PO Box 4146

FEC Identification Number

C C00410191

Transaction ID : B7B25AED78
Amount of Each Disbursement this Period

1000.00

Memo Item

City
St Paul

State
MN

Zip Code
55104

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

Klobuchar, Amy, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: MN

District:

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	0		2	0	1	6		

Mailing Address P.O. BOX 10735

FEC Identification Number

C C00575050

Transaction ID : B4C5E556F2
Amount of Each Disbursement this Period

1000.00

Memo Item

City
PEORIA

State
IL

Zip Code
61612

Purpose of Disbursement
Contribution to Committee

Category/Type

Candidate Name

LaHood, Darin, M., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IL

District: 18

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

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
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<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. LARSON FOR CONGRESS

Mailing Address PO BOX 479

City
GLASTONBURY

State
CT

Zip Code
06033

Purpose of Disbursement
Contribution to Committee

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00330142

Transaction ID : BFE71880BA

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LoBiondo for Congress

Mailing Address P.O. Box 550

City
Vineland

State
NJ

Zip Code
08362-0550

Purpose of Disbursement
Contribution to Committee

Candidate Name

LoBiondo, Frank, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00269340

Transaction ID : B3F03630836

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lou Barletta for Congress

Mailing Address P.O. Box 128

City
Hazleton

State
PA

Zip Code
18201-0128

Purpose of Disbursement
Contribution to Committee

Candidate Name

Barletta, Lou, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2016			

FEC Identification Number

C C00376004

Transaction ID : B158770B73

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. MCEACHIN FOR CONGRESS

Mailing Address PO BOX 8092

City RICHMOND State VA Zip Code 23223

Purpose of Disbursement
Contribution to Committee

Candidate Name
Mceachin, Aston, Donald, ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: VA District: 04

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C C00610964

Transaction ID : B09EC071B9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address P.O. Box 2165

City Hickory State NC Zip Code 28603-2165

Purpose of Disbursement
Contribution to Committee

Candidate Name
McHenry, Patrick, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NC District: 10

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2016

FEC Identification Number

C C00393629

Transaction ID : BF119C9974E

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement
Contribution to Committee

Candidate Name
Gallagher, Michael, John, ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: WI District: 08

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C C00610212

Transaction ID : B24563B046

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)..... ▶

8000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Poliquin for Congress

Mailing Address P.O Box 50

City
Oakland

State
ME

Zip Code
04963-0050

Purpose of Disbursement
Contribution to Committee

Candidate Name

Poliquin, Bruce, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2016					

FEC Identification Number

C C00518654

Transaction ID : BAB1C204BE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan for Congress

Mailing Address PO Box 1488

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement
Contribution to Committee

Candidate Name

Ryan, Paul, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			13			2016					

FEC Identification Number

C C00330894

Transaction ID : BDBC277BF4

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City
Columbus

State
OH

Zip Code
43231

Purpose of Disbursement
Contribution to Committee

Candidate Name

Tiberi, Pat, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2016					

FEC Identification Number

C C00347492

Transaction ID : B60938E878!

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).....▶

8000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. VAL DEMINGS FOR CONGRESS

Mailing Address PO BOX 536926

City
ORLANDO

State
FL

Zip Code
32853

Purpose of Disbursement

Candidate Name

Demings, Valdez, Val, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C C00590489

Transaction ID : BE483EF451

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: 2016
 Primary General
 Other (specify)

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

C C00472365

Transaction ID : B64FE97DF6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

58000.00