

**SCHEDULE A (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 99  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Mr. John Abbott**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Lansing | State<br>MI | Zip Code<br>48909-8160 |
|-----------------|-------------|------------------------|

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

|   |                        |
|---|------------------------|
| Name of Employer<br>Auto-Owners Insurance Company | Occupation<br>Director |
|---|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 30    | / | 2013        |

**Transaction ID : AE7074A5CDEF24BB4A98**

Amount of Each Receipt this Period  
1000.00

**B. Ms. Cathy M. Adcock**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Lansing | State<br>MI | Zip Code<br>48909-8160 |
|-----------------|-------------|------------------------|

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

|   |                       |
|---|-----------------------|
| Name of Employer<br>Auto-Owners Insurance Company | Occupation<br>Manager |
|---|-----------------------|

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 |
| 08    | / | 04    | / | 2013        |

**Transaction ID : A09E034A21CBB4ED7BD2**

Amount of Each Receipt this Period  
50.00

**C. Ms. Cathy M. Adcock**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30660

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Lansing | State<br>MI | Zip Code<br>48909-8160 |
|-----------------|-------------|------------------------|

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

|   |                       |
|---|-----------------------|
| Name of Employer<br>Auto-Owners Insurance Company | Occupation<br>Manager |
|---|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 30    | / | 2013        |

**Transaction ID : A78538738AD564F6FB24**

Amount of Each Receipt this Period  
75.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1125.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |