

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 56  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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 |
|                                     |     |                          |     |                          |     |                          | 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

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Randall Trinklein             | Date of Receipt<br>MM / DD / YYYY<br>06 / 24 / 2010 |
|   | Mailing Address One Mutual Avenue  | <b>Transaction ID:</b> BB6037D89F95E74A1EF          |
|   | City State Zip Code<br>Frankenmuth MI 48787-0001                         | Amount of Each Receipt this Period<br>39.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b>      |   |
| Name of Employer<br>Frankenmuth Mutual Insurance Company  | Occupation<br>Vice President of Administration                           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>546.00                                       |   |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Robert A. Wadsworth, CIC,CPCU | Date of Receipt<br>MM / DD / YYYY<br>06 / 11 / 2010 |
|   | Mailing Address One Preferred Way  | <b>Transaction ID:</b> D285724DDD6090E1915          |
|   | City State Zip Code<br>New Berlin NY 13411-1800                          | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b>      |   |
| Name of Employer<br>Preferred Mutual Insurance Company  | Occupation<br>Chairman   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                      |   |
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>James J. Walsh, Jr.           | Date of Receipt<br>MM / DD / YYYY<br>06 / 28 / 2010 |
|   | Mailing Address PO Box 30660   | <b>Transaction ID:</b> A0669CAC7F3AC9B37D9          |
|   | City State Zip Code<br>Lansing MI 48909-8160                             | Amount of Each Receipt this Period<br>40.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b>      |   |
| Name of Employer<br>Auto-Owners Insurance Company   | Occupation<br>Vice President-Claims                                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00                                       |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1079.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |