

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

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

FOR LINE NUMBER: PAGE 30 OF 104
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. David G. Hendrix CPA

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820

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

Name of Employer Occupation
Ohio Mutual Insurance Company CFO & Treasurer

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
 06 / 29 / 2015
Transaction ID : A722AA260EFD34E0EA3B

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Mike Horvath CPCU

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820

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

Name of Employer Occupation
Ohio Mutual Insurance Company Vice President-Human Resources

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
 06 / 03 / 2015
Transaction ID : AF891A6D61B664257830

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Mr. Mike Horvath CPCU

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820

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

Name of Employer Occupation
Ohio Mutual Insurance Company Vice President-Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : A45C22292C2E646ECB10

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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