

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 / 186
	<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.	Full Name (Last, First, Middle Initial) Bob I. Buchanan	Date of Receipt MM / DD / YYYY 10 / 06 / 2009
	Mailing Address 6101 Anacapri Boulevard	Transaction ID: 0624E8AE1E6FF084690
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Vice President-Applications Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Bob I. Buchanan	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 6101 Anacapri Boulevard	Transaction ID: B098A09E30F3C109CA8
	City State Zip Code Lansing MI 48917-3968	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Vice President-Applications Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Thaddeus J. Buda	Date of Receipt MM / DD / YYYY 08 / 04 / 2009
	Mailing Address PO Box 30660	Transaction ID: 174214187ACD8DB6D57
	City State Zip Code Lansing MI 48909-8160	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Auto-Owners Insurance Company Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	580.00
TOTAL This Period (last page this line number only)	