

**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 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Darwin G. Copeman CPCU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 468  
 City Neenah State WI Zip Code 54957-0468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewelers Mutual Insurance Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1705.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012  
**Transaction ID : AB08B4424DAD54027963**  
 Amount of Each Receipt this Period  
 154.00

**B. Mr. Gregg Cornell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Anacapri Blvd  
 City Lansing State MI Zip Code 48917-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auto-Owners Insurance Company Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012  
**Transaction ID : ACE2923926CC749C8AEE**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Jeffrey Couchman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1463  
 City Minneapolis State MN Zip Code 55440-1463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western National Mutual Insurance Comp Occupation Vice President of Marketing & Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012  
**Transaction ID : A82B163FC462840F6A67**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1404.00
<b>TOTAL</b> This Period (last page this line number only).....▶	