

**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 9 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 J. Bishop CPCU, CLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 E Broad St  
 City Columbus State OH Zip Code 43215-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Chairman of the Board  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 26 / 2014  
**Transaction ID : A95DCB6203DA2431390F**  
 Amount of Each Receipt this Period 2500.00

**B. Mr. Todd Boyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Assistant Vice President, Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 03 / 2014  
**Transaction ID : A9D56DB6BFF84410885D**  
 Amount of Each Receipt this Period 250.00

**C. Mr. Mike A. Brogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 111  
 City Bucyrus State OH Zip Code 44820-0111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Mutual Insurance Company Occupation Vice President of Claims  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 11 / 2014  
**Transaction ID : A31B97B557A1A459581C**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... 3000.00  
**TOTAL** This Period (last page this line number only).....