

**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 78 OF 124
	<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. Myers, William, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 996 Walcutt Dr

City Basking Ridge	State NJ	Zip Code 07920-3538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pennsylvania Lumbermens Mutual Insuran	Occupation (for Individual) Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

Transaction ID : AB3D757C301E54CE2B09

Amount of Each Receipt this Period

12.50

 Memo Item

B. Nelson, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual of Enumclaw Insurance Company	Occupation (for Individual) President & CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : AF2A01C439A20460AA76

Amount of Each Receipt this Period

250.00

 Memo Item

C. Northard, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 68700

City Indianapolis	State IN	Zip Code 46268-0700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Mutual Insuran	Occupation (for Individual) Web Design Specialist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2016

Transaction ID : AE97318080F474719B05

Amount of Each Receipt this Period

9.62

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	272.12
TOTAL This Period (last page this line number only).....	