

# **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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benson, John, S., ,**

Mailing Address One Mutual Ave

City  
Frankenmuth

State  
MI

Zip Code  
48787

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Frankenmuth Mutual Insurance Company

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1276.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2020

**Transaction ID : AA10E1094C27845B3A00**

Amount of Each Receipt this Period

348.00

☐ Memo Item

Payroll Deduction: \$116.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bertsch, Bradley, , ,**

Mailing Address PO Box 2227

City  
Fort Wayne

State  
IN

Zip Code  
46801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brotherhood Mutual Insurance Company

Occupation (for Individual)

Assistant Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2020

**Transaction ID : A616AFEE80339475BA79**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bolton, Jim, , ,**

Mailing Address 1900 S 18th Ave

City  
West Bend

State  
WI

Zip Code  
53095

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

West Bend Mutual Insurance Company

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
05 / 12 / 2020

**Transaction ID : AC600E92C441D46F39B5**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

898.00