

**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 59
<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

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NAME OF COMMITTEE (In Full)
Mutual of Omaha Companies PAC (IMPAC)

A. Kuhn, Mary, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Mutual of Omaha Plaza 06DISTRIBUTI**

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual of Omaha	Occupation (for Individual) Dir Distribution Ops
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : AEF53760A7F1C43AD89C

Amount of Each Receipt this Period

270.00

Memo Item
Payroll Deduction: \$45.00/Monthly

B. Herchenbach, Scott, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Mutual of Omaha Plaza 10EMERGING &**

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual of Omaha	Occupation (for Individual) SVP Emerging & Strat Solutions
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : A0C506F720C9F4655985

Amount of Each Receipt this Period

210.00

Memo Item
Payroll Deduction: \$35.00/Monthly

C. Fenster, Kevin, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Mutual of Omaha Plaza P1business C**

City Omaha	State NE	Zip Code 68175-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mutual of Omaha	Occupation (for Individual) Mgr Business Continuity
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : A40CFEEBDA83D482CAE5

Amount of Each Receipt this Period

360.00

Memo Item
Payroll Deduction: \$60.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	