SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 54
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16	☐ 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. Full Name (Last, First, Middle Initial)
Mr. Glenn E. Niinimaki

Mailing Address 222 Ames St

City	State	Zip Code
Dedham	MA	02026-1850

FEC ID number of contributing
federal political committee.   C

Name of Employer: Norfolk & Dedham Mutual Fire Insurance
Occupation: Director

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 21 / 2013
Transaction ID : AD9B76F6160834FA5A07
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Randy O'Conner

Mailing Address 1725 Hopley Ave

City	State	Zip Code
Bucyrus	OH	44820-3569

FEC ID number of contributing
federal political committee.   C

Name of Employer: Ohio Mutual Insurance Company
Occupation: Executive Vice President-Underwriting

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 22 / 2013
Transaction ID : A1C9CBDD92A8541E2BE9
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory Petrini

Mailing Address 222 Ames St

City	State	Zip Code
Dedham	MA	02026-1850

FEC ID number of contributing
federal political committee.   C

Name of Employer: Norfolk & Dedham Mutual Fire Insurance
Occupation: Director

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 21 / 2013
Transaction ID : A29F91D6FF18E48B2B52
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).. ▶   2250.00

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

FEC **Schedule A (Form 3X)** Rev. 02/2003