

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 13  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)**

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

**A. Preston, Jeffrey, N, ,**

Mailing Address 6000 American Pkwy

City  
MadisonState  
WIZip Code  
53783-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFMIC American Family Mutual Insurance

Occupation (for Individual)

Reinsurance VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 02    | 21    | 2020        |

Transaction ID : A23A49F37A86F4BA7848

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**B. Seymour, Scott, J, ,**

Mailing Address 6000 American Pkwy

City  
MadisonState  
WIZip Code  
53783-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFMIC American Family Mutual Insurance

Occupation (for Individual)

Govt Affairs &amp; Compliance VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 02    | 21    | 2020        |

Transaction ID : AC6CDE26FF1C147D798A

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. Salzwedel, Jack, C, ,**

Mailing Address 6000 American Pkwy

City  
MadisonState  
WIZip Code  
53783-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AFMIC American Family Mutual Insurance

Occupation (for Individual)

Chair and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

833.32

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 02    | 21    | 2020        |

Transaction ID : AAC5BBA1F4CB46A7BEI

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

358.33

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