

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 86

(check only one)

☒ 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., Mr.,**

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 ▼

812.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2019

Transaction ID : ADAA3A72F95D7440CBE1

Amount of Each Receipt this Period

116.00

☐ Memo Item

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

**B. Benson, John, S., Mr.,**

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 ▼

928.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2019

Transaction ID : A05082154FC504560BB3

Amount of Each Receipt this Period

116.00

☐ Memo Item

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

**C. Bordelon, Nancy, , Ms,**

Mailing Address 10409 S 50th PI  
Ste 100

City  
Phoenix

State  
AZ

Zip Code  
85044-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Legacy Insurance Services

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2019

Transaction ID : ABA522287F10F4AAB934

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

482.00