

**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 60 OF 113
<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

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. Nichols, Cindy, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10816 Executive Center Dr

City Little Rock	State AR	Zip Code 72211
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auto-Owners Insurance Company	Occupation (for Individual) Regional Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

**Transaction ID : AB0DC5906ED9646D7AF7**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item

**B. Nykaza, Pamela, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5626

City Rockford	State IL	Zip Code 61125
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rockford Mutual Insurance Company	Occupation (for Individual) Director - Research and Development
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

**Transaction ID : A6D93A05ADCDF47D3AE5**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**C. Oches, Leslie, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 N 3rd St

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CopperPoint Mutual Insurance Company	Occupation (for Individual) Vice President, Distribution
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
354.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : A4C46E4720F524FA99FE**

Amount of Each Receipt this Period  

20.84
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.84
<b>TOTAL</b> This Period (last page this line number only).....▶	