

**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 41 OF 65 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies PAC

A. Mr. Glenn E. Niinimaki
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Ames St
 City Dedham State MA Zip Code 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 **04 / 01 / 2015**
Transaction ID : A1486D87873944F57845
 Amount of Each Receipt this Period **1000.00**

B. Mr. Michael Nolin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Bouton St
 City Concord State NH Zip Code 03301-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord General Mutual Insurance Compa Occupation Vice President-Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : AE3269E6DA4CB48748AE
 Amount of Each Receipt this Period **250.00**

C. Mr. Steven Norman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1463
 City Minneapolis State MN Zip Code 55440-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western National Mutual Insurance Comp Occupation Assistant Vice President-Communication
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 13 / 2015**
Transaction ID : A22FCC135291447E4AE3
 Amount of Each Receipt this Period **250.00**

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |