

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

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

FOR LINE NUMBER: PAGE 13 OF 93

(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 ▼

1276.00

Date of Receipt

MM / DD / YYYY
05 / 31 / 2019

Transaction ID : ABF31C42C31B94D04B8C

Amount of Each Receipt this Period

116.00

☐ Memo Item

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

B. Bisette, W., A., ,

Mailing Address 2005 Market St
Ste 1200

City
Philadelphia

State
PA

Zip Code
19103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pennsylvania Lumbermens Mutual Insuran

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 13 / 2019

Transaction ID : A80189583AE8F430BBF4

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Bolton, Jim, , Mr.,

Mailing Address 1900 S 18th Ave

City
West Bend

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Bend Mutual Insurance Company

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 29 / 2019

Transaction ID : A734D5F02B9794CECB75

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).....▶

1366.00