

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 53 OF 82

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

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

A. Post, Jeff, , ,

Mailing Address 4700 W 77th St

City
Edina

State
MN

Zip Code
55435-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Western National Mutual Insurance Comp

Occupation (for Individual)

Vice President, Commercial Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 27 / 2019

Transaction ID : A83B1F0892A0849B2958

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

B. Prandi, Mike, , ,

Mailing Address 1 Park Cir

City

Westfield Center

State

OH

Zip Code

44251-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Westfield Insurance Company

Occupation (for Individual)

Chief Insurance Operations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

08 / 27 / 2019

Transaction ID : A099598F0E3EC42C4994

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Prandi, Mike, , ,

Mailing Address 1 Park Cir

City

Westfield Center

State

OH

Zip Code

44251-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Westfield Insurance Company

Occupation (for Individual)

Chief Insurance Operations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

08 / 27 / 2019

Transaction ID : AD8EC8D3949AA4559AC8

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

490.00