

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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., ,**

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 ▼

1508.00

Date of Receipt

06 / 28 / 2019

**Transaction ID : A67706498C69543229C9**

Amount of Each Receipt this Period

116.00

☐ Memo Item

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

**B. Block, Jake, , ,**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)

Assistant Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 27 / 2019

**Transaction ID : A970F5275A4C340CC8FC**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. Bordenkecher, David, , ,**

Mailing Address PO Box 527

City  
Indianapolis

State  
IN

Zip Code  
46206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indiana Farmers Mutual Insurance Compa

Occupation (for Individual)

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2019

**Transaction ID : A4D109ED3AC4147499B2**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

651.00