

**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 46 OF 91
<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

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

A. Mr. William W. Montgomery
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Insurance Sq
 City Celina State OH Zip Code 45822-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Celina Mutual Insurance Company Occupation Chairman, President & CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : AB95977EB77954A338B8
 Amount of Each Receipt this Period
 250.00

B. Mr. Dennis Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : A23020FB5E4E044289AD
 Amount of Each Receipt this Period
 235.00

C. Duc Ngo
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 40
 City Norwich State CT Zip Code 06360-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New London County Mutual Insurance Com Occupation Assistant Vice President of IT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : AAFE6434CEA4C428F8EB
 Amount of Each Receipt this Period
 235.00

SUBTOTAL of Receipts This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	