

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

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

FOR LINE NUMBER: PAGE 83 OF 100

(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. Young, E. Matthew, , ,**

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 (for Individual)

Norfolk & Dedham Mutual Fire Insurance

Occupation (for Individual)

Senior Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2019

**Transaction ID : A2B1EC336549047379B8**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$10.00/Bi-Weekly

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

**B. Young, Jennifer, , ,**

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)

Project Manager/Assistant to the Presi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2019

**Transaction ID : A8A84343DB1984D57B78**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/Bi-Weekly

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

**C. Zak, Robert, M., ,**

Mailing Address 250 Main St

City  
Buffalo

State  
NY

Zip Code  
14202-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Merchants Mutual Insurance Company

Occupation (for Individual)

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2019

**Transaction ID : A06E0BF8F9E6E46EDB38**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

5030.00

36557.76