

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 194 OF 346 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 (Last, First, Middle Initial) A. Eric Nelson | | Date of Receipt |
| Mailing Address 1460 Wells St | | <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2011"/> |
| City Enumclaw State WA Zip Code 98022-3003 | | Transaction ID : 491514B05D9DF0C6479 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer Mutual of Enumclaw Insurance Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="2875.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Eric Nelson | | Date of Receipt |
| Mailing Address 1460 Wells St | | <input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2011"/> |
| City Enumclaw State WA Zip Code 98022-3003 | | Transaction ID : 8CF4A00896C935FF4DA |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer Mutual of Enumclaw Insurance Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="2875.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Donald H. Nikolaus | | Date of Receipt |
| Mailing Address PO Box 302 | | <input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2011"/> |
| City Marietta State PA Zip Code 17547-0302 | | Transaction ID : 11D06F56DC2F4400536 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer Donegal Mutual Insurance Company | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="250.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="750.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |