

**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 12 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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**

**A. Mr. Mikel B. Nelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 250

City Upsala	State MN	Zip Code 56384-0250
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FEC ID number of contributing federal political committee. **C**

Name of Employer Elmdale Farmers Mutual Insurance, Inc.	Occupation Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	19	/	2013

**Transaction ID : A0254B5190A524685A8E**

Amount of Each Receipt this Period  
1000.00

**B. Mr. Eric Nelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1460 Wells St

City Enumclaw	State WA	Zip Code 98022-3003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mutual of Enumclaw Insurance Company	Occupation President & CEO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	02	/	2013

**Transaction ID : AFEDB3CF9A93E4CF2A77**

Amount of Each Receipt this Period  
250.00

**C. Mr. Vincent G. Noggle**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 400

City Branchville	State NJ	Zip Code 07826-0400
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FEC ID number of contributing federal political committee. **C**

Name of Employer Franklin Mutual Insurance Company	Occupation Treasurer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	08	/	2013

**Transaction ID : A6DCC00857525436DAFE**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	