

**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 35 / 64
	<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.	Full Name (Last, First, Middle Initial) Bob Lund	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 3500 American Boulevard West Suite 700	Transaction ID: 6B5C955E73EEAC83B57
	City Bloomington State MN Zip Code 55431-4439	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SFM Insurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Scott A. Lutz	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address PO Box 900	Transaction ID: C8C07F46FC40A7BFB07
	City Lititz State PA Zip Code 17543-7007	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lititz Mutual Insurance Company Occupation Claims Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Edward J. Machado	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 633 East Market Street	Transaction ID: 9478F1DA77B4ECBA7D5
	City Harrisonburg State VA Zip Code 22801-4229	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rockingham Mutual Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	