

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 64

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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 |

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.**

Full Name (Last, First, Middle Initial)

Arthur L. Meadows

Mailing Address R.D. #1, Box 166-A

City State Zip Code  
Moundsville WV 26041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Panhandle Farmers Mutual Insurance Com President/CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 405893C921F48CBCA38

Amount of Each Receipt this Period  
720.00

**B.**

Full Name (Last, First, Middle Initial)

Brian Morris

Mailing Address PO Box 452

City State Zip Code  
Franklin IN 46131-0452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Farmers Mutual Insurance Company of Jo Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: E85A0AC58145DF6C33F

Amount of Each Receipt this Period  
325.00

**C.**

Full Name (Last, First, Middle Initial)

Glenn E. Niinimaki

Mailing Address 222 Ames Street

City State Zip Code  
Dedham MA 02026-1850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Norfolk & Dedham Mutual Fire Insurance Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 1 0

Transaction ID: 33E598836CFD2C96790

Amount of Each Receipt this Period  
250.00

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

1295.00

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