

# **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 10 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carlson, Jared, , ,**

Mailing Address 101 N Wooster St

City  
Algona

State  
IA

Zip Code  
50511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heartland Mutual Insurance Association

Occupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 05 / 2020

**Transaction ID : A11C4F08ECAA4A88A46**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Carlson, Jared, , ,**

Mailing Address 101 N Wooster St

City  
Algona

State  
IA

Zip Code  
50511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heartland Mutual Insurance Association

Occupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 20 / 2020

**Transaction ID : A99D37B8367594159B3A**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Christianson, Marcus, J., ,**

Mailing Address PO Box 48

City  
Cottonwood

State  
MN

Zip Code  
56229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Star Mutual Insurance Company

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 02 / 2020

**Transaction ID : A0EF3AD7ED07947999BC**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

350.00