

**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 32 OF 67
<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. Lott, Lisa, L., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1510 N Elms Rd

City Flint	State MI	Zip Code 48532-2033
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pioneer State Mutual Insurance Company	Occupation (for Individual) Vice President/Treasurer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2017

Transaction ID : AB95AC716134947248E5

Amount of Each Receipt this Period
300.00

Memo Item

B. Maas, Wilbur, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 812

City Hull	State IA	Zip Code 51239-0812
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Farmers Mutual Insurance Association o	Occupation (for Individual) President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : A141A22D5C02F4085BE7

Amount of Each Receipt this Period
1000.00

Memo Item

C. Mashinski, Karen, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 N Main St

City Bel Air	State MD	Zip Code 21014-3554
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harford Mutual Insurance Company	Occupation (for Individual) CFO
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2017

Transaction ID : AF106DB2469654092BDE

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1383.34
TOTAL This Period (last page this line number only).....	