

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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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)
NAII Political Action Committee

A. Farmers PAC

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 2323 Grand Avenue _____
 City _____ State _____ Zip Code _____
 Des Moines IA 50312- _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 4 / 0 8 / 2 0 0 3

Amount of Each Receipt this Period _____
 2000.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Farmers Mutual Hail _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary General
 Other (specify) ▼ _____ 2000.00

Transaction ID: 35

B. Geico Pac

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 One Geico Plaza _____
 City _____ State _____ Zip Code _____
 Washington DC 20076- _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 4 / 0 8 / 2 0 0 3

Amount of Each Receipt this Period _____
 2500.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Government Employees Ins. Co. _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary General
 Other (specify) ▼ _____ 2500.00

Transaction ID: 36

C. Erie PAC

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 P O Box 1699 _____
 City _____ State _____ Zip Code _____
 Erie PA 16530- _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 4 / 1 0 / 2 0 0 3

Amount of Each Receipt this Period _____
 2500.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Erie Insurance PAC-Federal _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary General
 Other (specify) ▼ _____ 2500.00

Transaction ID: 38

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

TOTAL This Period (last page this line number only) ►