

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Employers Mutual Casualty Company Committee
for Responsible Federal Government

A.

Full Name (Last, First, Middle Initial)
Boswell for Congress

Date of Disbursement
03 / 15 / 2002

Mailing Address
P. O. Box 36272

City: Des Moines State: IA Zip Code: 50315

Purpose of Disbursement: Campaign Contribution
Category/Type: 011

Amount of Each Disbursement this Period
100.00

Candidate Name: Leonard Boswell

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: IA District: 3

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

100.00