

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

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

A. Hand, Michael A

Mailing Address

7300 W 110th St, Suite 300

City

Overland Park

State

KS

Zip Code

66210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Bond Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

various

Amount of Each Receipt this Period

130.00

Memo Item

**Biweekly @ \$10.00 per pay
period for 13 periods**

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

B. Kelley, Bruce G

Mailing Address

717 Mulberry St

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Exec./CEO

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

various

Amount of Each Receipt this Period

292.50

Memo Item

**Biweekly @ \$22.50 per pay
period for 13 periods**

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

C. Loftus, Michael T

Mailing Address

11311 Cornell Park Dr, Suite 500

City

Blue Ash

State

OH

Zip Code

45242-1889

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Claims Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

various

Amount of Each Receipt this Period

195.00

Memo Item

**Biweekly @ \$15.00 per pay
period for 13 periods**

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

617.50

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