

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 10
(check only one)
 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)
Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bogart, Jason

Mailing Address
717 Mulberry St

City
Des Moines, IA State **IA** Zip Code **50309**

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual) Occupation (for Individual)
EMC Insurance Companies **Sr. Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
Various

Amount of Each Receipt this Period
45.00

Memo Item
Biweekly @ \$15.00 per pay period for 3 periods

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Timothy J

Mailing Address
5926 Executive Dr

City
Lansing, MI State **MI** Zip Code **48911-5303**

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual) Occupation (for Individual)
EMC Insurance Companies **Admin. Services Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
Various

Amount of Each Receipt this Period
45.00

Memo Item
Biweekly @ \$15.00 per pay period for 3 periods

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeHart, Ben

Mailing Address
7300 W 110th St, Suite 300

City
Overland Park, KS State **KS** Zip Code **66201**

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual) Occupation (for Individual)
EMC Insurance Companies **Resident Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

Amount of Each Receipt this Period
-0-

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **90.00**

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

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