

**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 5 OF 6	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 <b>Sederburg, Kelvin</b>		Date of Receipt <b>Various</b>
Mailing Address <b>717 Mulberry St</b>		Amount of Each Receipt this Period <b>30.00</b>
City <b>Des Moines</b>	State <b>IA</b> Zip Code <b>50309</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>EMC Insurance Companies</b>		<b>Biweekly @ \$10.00 per pay period for 3 periods</b>
Occupation (for Individual) <b>Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>230.00</b>	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>Ternes, Marilyn</b>		Date of Receipt <b>Various</b>
Mailing Address <b>1938 E Interstate Ave</b>		Amount of Each Receipt this Period <b>30.00</b>
City <b>Bismarck</b>	State <b>ND</b> Zip Code <b>58503-0565</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>EMC Insurance Companies</b>		<b>Biweekly @ \$10.00 per pay period for 3 periods</b>
Occupation (for Individual) <b>Resident Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>230.00</b>	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>Young, David R</b>		Date of Receipt <b>Various</b>
Mailing Address <b>11455 W Bluemound Rd</b>		Amount of Each Receipt this Period <b>45.00</b>
City <b>Brookfield</b>	State <b>WI</b> Zip Code <b>53005-5976</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>EMC Insurance Companies</b>		<b>Biweekly @ \$15.00 per pay period for 3 periods</b>
Occupation (for Individual) <b>Resident Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>345.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>105.00</b>
TOTAL This Period (last page this line number only).....▶	

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