

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

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

FOR LINE NUMBER: PAGE **3** OF **7**
(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**

NON-FEDERAL CONTRIBUTIONS

Full Name (Last, First, Middle Initial) A. Jean, Scott		Date of Receipt Various
Mailing Address 717 Mulberry		Amount of Each Receipt this Period 33.00
City Des Moines	State Zip Code IA 50309	
FEC ID number of contributing federal political committee. C		Biweekly @ \$11.00 per pay period for 3 periods
Name of Employer EMC Insurance Companies	Occupation Exec Vice President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	
Full Name (Last, First, Middle Initial) B. Kelley, Bruce G		Date of Receipt Various
Mailing Address 717 Mulberry		Amount of Each Receipt this Period 230.76
City Des Moines	State Zip Code IA 50309	
FEC ID number of contributing federal political committee. C		Biweekly @ \$76.92 per pay period for 3 periods
Name of Employer EMC Insurance Companies	Occupation Executive CEO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1769.16	
Full Name (Last, First, Middle Initial) C. Loftus, Michael T		Date of Receipt Various
Mailing Address 11311 Cornell Park Dr Suite 500		Amount of Each Receipt this Period 45.00
City Blue Ash	State Zip Code OH 45242	
FEC ID number of contributing federal political committee. C		Biweekly @ \$15.00 per pay period for 3 periods
Name of Employer EMC Insurance Companies	Occupation Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional).....▶ **308.76**

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