

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 7
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 (Last, First, Middle Initial) **O'Connell, Thomas**

Mailing Address **800 Concourse Parkway, Suite 100**

City **Birmingham** State **AL** Zip Code **35244**

FEC ID number of contributing federal political committee. **C**

Name of Employer: **EMC Insurance Companies** Occupation: **Branch Manager**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **210.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **-0-**

B. Full Name (Last, First, Middle Initial) **Pingel, Gary**

Mailing Address **5826 Executive Drive**

City **Lansing** State **MI** Zip Code **48911-5393**

FEC ID number of contributing federal political committee. **C**

Name of Employer: **EMC Insurance Companies** Occupation: **Resident 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**

Biweekly @ \$15.00 per pay period for 3 periods

C. Full Name (Last, First, Middle Initial) **Prindiville, Dennis**

Mailing Address **5445 DTC Parkway, Suite 320**

City **Greenwood Village** State **CO** Zip Code **80111**

FEC ID number of contributing federal political committee. **C**

Name of Employer: **EMC Insurance Companies** Occupation: **Reg VP + Branch Manager**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **460.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **60.00**

Biweekly @ \$200.00 per pay period for 3 periods

SUBTOTAL of Receipts This Page (optional) **105.00**

TOTAL This Period (last page this line number only)

105.00

NON-FUNCTIONAL