

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

*Employers Mutual Casualty Co. PAC for Responsible Federal Government*

Full Name (Last, First, Middle Initial)

**A.** *National Association of Mutual Insurance Co. PAC*

Mailing Address

*3601 Vincennes Road, Box 68700*

City

*Indianapolis IN 46268*

Purpose of Disbursement

*Political Contribution*

Candidate Name

**011**

Category/  
Type

Date of Disbursement

**09 / 09 / 2010**

Amount of Each Disbursement this Period

**2500.00**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

**011**

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

**011**

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

**2500.00**

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

**2500.00**

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