

**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)

<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. Political Action
Committee for Responsible Federal Government

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Iowa Victory		Date of Disbursement	
Mailing Address 621 East Ninth Street		MM / DD / YYYY 07 / 23 / 2008	
City Des Moines	State IA	Zip Code 50309	Amount of Each Disbursement this Period 1,000.00
Purpose of Disbursement Contribution		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. NAMIC PAC		Date of Disbursement	
Mailing Address 122 C St., NW, Ste 540		MM / DD / YYYY 09 / 15 / 2008	
City Washington,	State DC	Zip Code 20001	Amount of Each Disbursement this Period 1,000.00
Purpose of Disbursement		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

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

2,000.00

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