

EMC
Insurance Companies

P.O. Box 712 ▪ Des Moines, IA 50303-0712 ▪ 515.280.2511

RECEIVED
FEC MAIL CENTER

2018 OCT 22 PM 12:46

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

October 18, 2018

Multi-Candidate Committee

FEDERAL ELECTION COMMISSION
1050 FIRST STREET, N.E.
WASHINGTON DC 20463

Re: FEC Form 3X

Enclosed are the following reports for October 1, 2018 through October 17, 2018:

Form 3x - Report of Receipts and Disbursements
Schedule A - Itemized Receipts
Schedule B - Itemized Disbursements

Please contact me at (515) 345-2788 if you should have any questions.



Ron Herman
Employers Mutual Casualty Company
Vice President

Enclosures

BOUNDED IN INDEPENDENCE

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2018 OCT 22 PM 12:46
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

ADDRESS (number and street) **717 Mulberry Street**

Check if different than previously reported. (ACC) **Des Moines** **IA** **50309** - **0712**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00163873

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on **11** / **06** / **2018** in the State of **IA**

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period **10** / **01** / **2018** through **10** / **17** / **2018**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Bruce G. Kelley**

Signature of Treasurer *Bruce G. Kelley* Date **10** / **18** / **2018**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NON-FUNCTIONAL

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="3545827"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3319968"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="196417"/>	<input type="text" value="1220558"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3516385"/>	<input type="text" value="4766385"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="620000"/>	<input type="text" value="1870000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2896385"/>	<input type="text" value="2896385"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="NONE"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="NONE"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

NON-FEDERAL CAMPAIGN FINANCING

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Report Covering the Period: From: **10 / 01 / 2018** To: **10 / 17 / 2018**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	157.50	4,302.68
(ii) Unitemized.....	306.67	6402.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	464.17	1,070.58
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	1,500.00	1,500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,964.17	1,220.58
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,964.17	1,220.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,964.17	1,220.58

UNOFFICIAL COPY

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	16,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements (Including Non-Federal Donations).....	1,200.00	2,700.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds.....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6,200.00	18,700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6,200.00	18,700.00

2017-10-10 10:00:00 AM

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 2 OF 6	
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Hand, Michael A

Mailing Address
7300 W 110th St, Suite 300

City **Overland Park** State **KS** Zip Code **66210**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Bond Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
10 / 05 / 2018

Amount of Each Receipt this Period
10.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelley, Bruce G

Mailing Address
717 Mulberry St

City **Des Moines** State **IA** Zip Code **50309**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Exec. CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1667.68

Date of Receipt
10 / 05 / 2018

Amount of Each Receipt this Period
22.50

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Loftus, Michael T

Mailing Address
11311 Cornell Park Dr, Suite 500

City **Blue Ash** State **OH** Zip Code **45242-1889**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Claims Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 05 / 2018

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **47.50**

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

NON-FEDERAL CONTRIBUTION

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 3 OF 6

<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
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NAME OF COMMITTEE (In Full)

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lovell, Mick

Mailing Address

717 Mulberry St

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Executive Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 05 / 2018

Amount of Each Receipt this Period

10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lucca, Philip R

Mailing Address

116455 W Bluemound Rd

City

Brookfield

State

WI

Zip Code

53005-5976

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Area Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 05 / 2018

Amount of Each Receipt this Period

10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McClusky, Mark R

Mailing Address

116455 W Bluemound Rd

City

Brookfield

State

WI

Zip Code

53005-5976

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

Amount of Each Receipt this Period

-0-

Memo Item

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

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

20.00

NON-PROFIT ORGANIZATION

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **4** OF **6**

(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pingel, Gary

Mailing Address

5826 Executive Dr

City

Lansing

State

MI

Zip Code

48911-5303

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Resident Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. 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 (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Resident Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schwab, Lonnie

Mailing Address

717 Mulberry St

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Area Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

10.00

Memo Item

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

10.00

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

10.00

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

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

FOR LINE NUMBER: PAGE 5 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sederburg, Kelvin
Mailing Address
717 Mulberry St
City Des Moines State IA Zip Code 50309
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) EMC Insurance Companies Occupation (for Individual) Vice President
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date 200.00

Date of Receipt
10 / 05 / 2018
Amount of Each Receipt this Period
10.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ternes, Marilyn
Mailing Address
1838 E Interstate Ave
City Bismarck State ND Zip Code 58503-0565
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) EMC Insurance Companies Occupation (for Individual) Resident Vice President
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date 200.00

Date of Receipt
10 / 05 / 2018
Amount of Each Receipt this Period
10.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Young, David R
Mailing Address
16455 W Bluemound Rd
City Brookfield State WI Zip Code 53005-5976
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) EMC Insurance Companies Occupation (for Individual) Resident Vice President
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt
10 / 05 / 2018
Amount of Each Receipt this Period
15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 35.00
TOTAL This Period (last page this line number only).....

NON-FEDERAL CONTRIBUTION

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 6 OF 6

11a 13 11b 14 11c 15 12 16 17

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NAME OF COMMITTEE (In Full)

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Faust, Eric**

Mailing Address

699 Walnut St, Suite 1100

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Exec VP + COO

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

3,000.00

Date of Receipt

10 / 05 / 2019

Amount of Each Receipt this Period

15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

▲ ▲ ▲

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

EMC Insurance Companies

Occupation (for Individual)

Receipt For:

Primary
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

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

15.00

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

157.50

CONFIDENTIAL - NOT FOR DISSEMINATION

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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	

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NAME OF COMMITTEE (In Full)

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Employers Mutual Casualty Co. PAC for Responsible State Government

Mailing Address

717 Mulberry St

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,500.00

Date of Receipt

10 / 16 / 2018

Amount of Each Receipt this Period

1,500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

▲ ▲ ▲

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

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

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

1,500.00

1,500.00

NON-FEDERAL CAMPAIGN CONTRIBUTION

**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 OF 1

21b 22 23 26 27
 28a 28b 28c 29 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)

A. Young for Iowa Inc

Date of Disbursement

10 / 08 / 2018

Mailing Address

PO Box 162

FEC Identification Number

C00545616

City

Van Meter

State

IA

Zip Code

50261

Purpose of Disbursement

Political Contribution

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

David Young

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IA

District: 03

Memo Item

Full Name (Last, First, Middle Initial)

B. Joni for Iowa

Date of Disbursement

10 / 08 / 2018

Mailing Address

PO Box 93441

FEC Identification Number

C00546788

City

Des Moines

State

IA

Zip Code

50393

Purpose of Disbursement

Political Contribution

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Joni Ernst

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IA

District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

Date of Disbursement

MM / DD / YYYY

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

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

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

5000.00

5000.00

**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 OF

21b 22 23 26 27
 28a 28b 28c 29 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)

A. Friends of Scott Walker

Mailing Address

PO Box 620437

City
Middleton

State
WI

Zip Code
53562

Purpose of Disbursement

Political Contribution

0.1.1
Category/
Type

Candidate Name

Scott Walker

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: WI

District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C

Amount of Each Disbursement this Period

1,200.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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