

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