

**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

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**

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).....

2018-10-05 10:00 AM