

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 5

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 (Last, First, Middle Initial)
Kelley, Bruce G

Mailing Address
717 Mulberry

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

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

Name of Employer
EMC Insurance Companies Occupation **Executive CEO**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **1,461.48**

payroll deductions -
Date of Receipt
various

Amount of Each Receipt this Period
538.44

Biweekly @ \$76.92 per pay period for 7 periods

B. Full Name (Last, First, Middle Initial)
Loftus, Michael

Mailing Address
11311 Cornell Park Dr, Suite 500

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

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

Name of Employer
EMC Insurance Companies Occupation **Claims Manager**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **285.00**

payroll deductions -
Date of Receipt
various

Amount of Each Receipt this Period
105.00

Biweekly @ \$15.00 per pay period for 7 periods

C. Full Name (Last, First, Middle Initial)
McClusky, Mark

Mailing Address
16455 W. Bluemound Road

City **Brookfield** State **WI** Zip Code **53005-5976**

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

Name of Employer
EMC Insurance Companies Occupation **Claims Manager**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **285.00**

payroll deductions -
Date of Receipt
various

Amount of Each Receipt this Period
105.00

Biweekly @ \$15.00 per pay period for 7 periods

SUBTOTAL of Receipts This Page (optional)..... **748.44**

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

2016-10-14 09:00:00