

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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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NAME OF COMMITTEE (In Full) **Employers Mutual Casualty Co. Political Action Committee for Responsible Federal Government**

A. Full Name (Last, First, Middle Initial) **O'Connell, Thomas**

Mailing Address **800 Concourse Parkway, Suite 100**

City **Birmingham** State **AL** Zip Code **35244**

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

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

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **21000**

payroll deductions - Date of Receipt **Various**

Amount of Each Receipt this Period **3000**

Biweekly @ \$15.00 per pay period for 2 periods

B. Full Name (Last, First, Middle Initial) **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 **EMC Insurance Companies** Occupation **Reg. VP + Branch Manager**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **38000**

payroll deductions - Date of Receipt **Various**

Amount of Each Receipt this Period **14000**

Biweekly @ \$20.00 per pay period for 7 periods

C. Full Name (Last, First, Middle Initial) **Pingel, Gary**

Mailing Address **5826 Executive Drive**

City **Lansing** State **MI** Zip Code **48911-5393**

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

Name of Employer **EMC Insurance Companies** Occupation **Resident Vice President**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **28500**

payroll deductions - Date of Receipt **Various**

Amount of Each Receipt this Period **10500**

Biweekly @ \$15.00 per pay period for 7 periods

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

27500

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

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