

**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 **5**
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
Young, David R.

Mailing Address
11455 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 **Underwriting 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**

B. Full Name (Last, First, Middle Initial)
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 **EMC Insurance Companies** Occupation **Exec. VP + COO**

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)

Mailing Address

City State Zip Code

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

Name of Employer **EMC Insurance Companies** Occupation

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

payroll deductions -
Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **210.00**

TOTAL This Period (last page this line number only) **1817.94**

NON-FEDERAL CONTRIBUTIONS