

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	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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) **Pingel, Gary**

Mailing Address **5826 Executive Dr**

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 **39000**

Date of Receipt **Various**

Amount of Each Receipt this Period **195.00**

Biweekly @ \$15.00 per pay period for 13 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 **Resident Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **520.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **260.00**

Biweekly @ \$20.00 per pay period for 13 periods

C. Full Name (Last, First, Middle Initial) **Schwab, Lonnie**

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 **EMC Insurance Companies** Occupation **Area Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **260.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **130.00**

Biweekly @ \$10.00 per pay period for 13 periods

SUBTOTAL of Receipts This Page (optional) **585.00**

TOTAL This Period (last page this line number only)

585.00

NON-FEDERAL CONTRIBUTION