

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE / OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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) **Scott Walker Inc** Date of Disbursement **07 / 26 / 2017**

Mailing Address **PO Box 1620590**

City **Middleton** State **WI** Zip Code **53562**

Purpose of Disbursement **Political Contribution** Amount of Each Disbursement this Period **500.00**

Candidate Name **0.1.1** Category/Type

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: District

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: District

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: District

SUBTOTAL of Disbursements This Page (optional) **500.00**

TOTAL This Period (last page this line number only) **500.00**

UNIVERSITY MICROFILMS INTERNATIONAL