

**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)

PAGE **2** OF **7**

<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"/>

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**

Full Name (Last, First, Middle Initial)

A. **Hallenbeck, Ron**

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

**Exec. Vice President**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**29750**

Date of Receipt

**10 / 07 / 2016**

Amount of Each Receipt this Period

**-0-**

Full Name (Last, First, Middle Initial)

B. **Hand, Michael A.**

Mailing Address

**7300 W 110th St, Suite 300**

City

**Overland Park**

State

**KS**

Zip Code

**66210**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**EMC Insurance Companies**

Occupation

**Bond Manager**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**10 / 07 / 2016**

Amount of Each Receipt this Period

**10.00**

Full Name (Last, First, Middle Initial)

C. **Hovick, Kevin**

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

**Exec. Vice President + COO**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 07 / 2016**

Amount of Each Receipt this Period

**150.00**

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

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

**2500**

2016-10-25 09:00:00