

**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) **Employer's Mutual Casualty Co. Political Action Committee for Responsible Federal Government**

Full Name (Last, First, Middle Initial)

A. **PCI PAC**

Mailing Address

21000 South River Road

City

DES PLAINES

State

IL

Zip Code

100018-3280

Purpose of Disbursement

Political Contributions

Candidate Name

0.1.1

Category/Type

Date of Disbursement

01 / 28 / 2013

Amount of Each Disbursement this Period

5000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **NAMIC PAC**

Mailing Address

122 C Street NW Suite 540

City

Washington DC

State

20001

Purpose of Disbursement

Political Contributions

Candidate Name

0.1.1

Category/Type

Date of Disbursement

05 / 13 / 2013

Amount of Each Disbursement this Period

5000.00

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

Category/Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

10,000.00

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

10,000.00

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