

**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 4 OF 7 | |
| <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 | |

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)
Loftus, Michael T

Mailing Address
11311 Cornell Park Dr, Suite 500

City **Blue Ash** State **OH** Zip Code **45242**

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

Name of Employer **EMC Insurance Companies** Occupation **Claims Manager**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **390.00**

Date of Receipt
Various

Amount of Each Receipt this Period
450.00

**Biweekly @ \$15.00
per pay period for
3 periods**

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

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 **Executive Vice President**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **260.00**

Date of Receipt
Various

Amount of Each Receipt this Period
30.00

**Biweekly @ \$10.00
per pay period for
3 periods**

C. Full Name (Last, First, Middle Initial)
Lucca, Philip R

Mailing Address
116455 W Bluemand Rd

City **Brookfield** State **WI** Zip Code **53005-5976**

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 **260.00**

Date of Receipt:
Various

Amount of Each Receipt this Period
30.00

**Biweekly @ \$10.00
per pay period for
3 periods**

SUBTOTAL of Receipts This Page (optional) **105.00**

TOTAL This Period (last page this line number only)

2011-01-10 10:00 AM