

EMC
Insurance Companies

P.O. Box 712 ■ Des Moines, IA 50303-0712 ■ 515.280.2511

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2009 JAN -8 PM 12:42

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

Multi-Candidate Committee

January 2, 2009

Federal Election Commission
Public Records Office
999 E Street N.W.
Washington, D. C. 20463

Enclosed are the following reports for the period November 25, 2008 through December 31, 2008:

Report of Receipts and Disbursements
Summary Page of Receipts and Disbursements
Detailed Summary Page – Receipts
Detailed Summary Page – Disbursements

We wish to change our filing frequency to semi-annual for 2009.


Bruce G. Kelley
Treasurer

BGK/sb
Enc.

29039973057

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2009 JAN -3 PM 12:42

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Employers Mutual Casualty Co. Political Action Committee for Responsible Federal Government

ADDRESS (number and street) 717 Mulberry Street

Check if different than previously reported. (ACC) Des Moines IA 50309

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00163873

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on [] in the State of []

5. Covering Period 11 / 25 / 2008 through 12 / 31 / 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bruce G. Kelley

Signature of Treasurer [Signature] Date 01 / 02 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 7 columns and 1 row. FEC FORM 3X (Rev. 02/2003)

29039973058

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Employers Mutual Casualty Co. Political Action Committee for Responsible
Federal Government

Report Covering the Period: From:

11 / 25 / 2008

To:

12 / 31 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		5,600.54
(b) Cash on Hand at Beginning of Reporting Period.....	3,206.53	
(c) Total Receipts (from Line 19)	1,032.72	7,138.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,239.25	12,739.25
7. Total Disbursements (from Line 31).....	0	8,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,239.25	4,239.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

29039973059

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Employers Mutual Casualty Co. Political Action Committee for Responsible
Federal Government

Report Covering the Period: From:

MM / DD / YYYY
11 / 25 / 2008

To:

MM / DD / YYYY
12 / 31 / 2008

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

496.04
536.68
1,032.72

3,402.18
3,736.53
7,138.71

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

0
0
1,032.72

0
0
7,138.71

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0
0
0

0
0
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1,032.72

7,138.71

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

1,032.72

7,138.71

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	8,500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	8,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	8,500.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

1,032.72
0
1,032.72
0
0
0

7,138.71
0
7,138.71
0
0
0

29039973062

**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 1 OF 3		
	<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	

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 James C. Fontanini

Mailing Address
929 43rd Street

City **West Des Moines** State **IA** Zip Code **50265**

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 ▼
195.00

Payroll Deductions - See Date of Receipt **Attached**

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Raymond L. Geary

Mailing Address
39 Althea Dr

City **Cranston** State **RI** Zip Code **02920**

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 ▼
162.80

Payroll Deductions - See Date of Receipt **Attached**

Amount of Each Receipt this Period
18.40

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

Mailing Address
5880 Brentwood Circle

City **Johnston** State **IA** Zip Code **50131**

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

Name of Employer **EMC Insurance Companies** Occupation **Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.50

Payroll Deductions - See Date of Receipt **Attached**

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional) ▶ **85.40**

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

29039973063

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 3

(check only one)

<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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NAME OF COMMITTEE (In Full) **Employers Mutual Casualty Co. Political Action Committee for Responsible Federal Government**

A. Jerry Harlow
 Full Name (Last, First, Middle Initial)
 Mailing Address
6490 Devonshire Dr
 City **Chanhassen** State **MN** Zip Code **55317**
 Name of Employer **EMC Insurance Companies** Occupation **Resident Vice President**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **177.88**

Payroll Deductions - See Date of Receipt Attached
 Amount of Each Receipt this Period **30.64**

B. Bruce Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address
14 Glenview Dr
 City **Des Moines** State **IA** Zip Code **50312**
 Name of Employer **EMC Insurance Companies** Occupation **President & CEO**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1,750.00**

Payroll Deductions - See Date of Receipt Attached
 Amount of Each Receipt this Period **300.00**

C. Robert Morlan
 Full Name (Last, First, Middle Initial)
 Mailing Address
3404 Wakonda Ct
 City **Des Moines** State **IA** Zip Code **50321**
 Name of Employer **EMC Insurance Companies** Occupation **Asst VP & Community Relations**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **410.00**

Payroll Deductions - See Date of Receipt Attached
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional) ▶ **370.64**
TOTAL This Period (last page this line number only) ▶

29039973064

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)

<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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NAME OF COMMITTEE (In Full) **Employers Mutual Casualty Co. Political Action Committee for Responsible Federal Government**

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

Mailing Address **16455 West Bluemound Rd**

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

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 ▼ **240.00**

Payroll Deductions - See Date of Receipt **Attached**

Amount of Each Receipt this Period **40.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ **40.00**

TOTAL This Period (last page this line number only) ▶ **496.04**

29039973065

Jim Fontanini

11/14/08 7.50 +
11/28/08 7.50 +
12/12/08 7.50 +
12/26/08 7.50 +
30.00 ☞

Ray Gary

11/14/08 4.60 +
11/28/08 4.60 +
12/12/08 4.60 +
12/26/08 4.60 +
18.40 ☞

Ron Hallenbeck

11/14/08 9.25 +
11/28/08 9.25 +
12/12/08 9.25 +
12/26/08 9.25 +
37.00 ☞

Jerry Harlow

11/14/08 7.66 +
11/28/08 7.66 +
12/12/08 7.66 +
12/26/08 7.66 +
30.64 ☞

Bruce Kelley

11/14/08 75.00 +
11/28/08 75.00 +
12/12/08 75.00 +
12/26/08 75.00 +
300.00 ☞

Bob Moran

11/14/08 10.00 +
11/28/08 10.00 +
12/12/08 10.00 +
12/26/08 10.00 +
40.00 ☞

Ronnie Strum

11/14/08 10.00 +
11/28/08 10.00 +
12/12/08 10.00 +
12/26/08 10.00 +
40.00 ☞

29039973066

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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1/2/09

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Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

EW

1/8/09

PREPARER
(3/2005)

DATE PREPARED

29039973067