

EMC
Insurance Companies

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

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COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

October 6, 2018

Multi-Candidate Committee

FEDERAL ELECTION COMMISSION
1050 FIRST STREET, N.E.
WASHINGTON DC 20463

Re: FEC Form 3X

Enclosed are the following reports for July 1, 2018 through September 30, 2018:

Form 3x - Report of Receipts and Disbursements
Schedule A - Itemized Receipts
Schedule B - Itemized Disbursements

Please contact me at (515) 345-2788 if you should have any questions.



Ron Herman
Employers Mutual Casualty Company
Vice President

Enclosures

NOTIFICATION CONCERNING

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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2018 OCT 11 AM 7:28
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** - **0712**

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

C 00163873

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2018 through 09 / 30 / 2018

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  Date 10 / 05 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="3545827"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3171966"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="298002"/>	<input type="text" value="1024141"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3469968"/>	<input type="text" value="4569968"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="150000"/>	<input type="text" value="1250000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3319968"/>	<input type="text" value="3319968"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="NONE"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="NONE"/>	

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

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

2018-10-11 11:00:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Employers Mutual Casualty Co Political Action Committee for Responsible Federal Government

Report Covering the Period: From: **07** ' **01** ' **2018** To: **09** ' **30** ' **2018**

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).....	735.00	3005.18
(ii) Unitemized.....	22450.2	7236.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22990.02	10241.41
(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).....▶	2980.02	10241.41
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
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))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2990.02	10241.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2990.02	10241.41

NON-FEDERAL AND LEVIN FUNDS

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-0-	1,100.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements (Including Non-Federal Donations).....	1,500.00	1,500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,500.00	12,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,500.00	12,500.00

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE

of Disbursements

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)	298002	1024141
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	298002	1024141
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)	-0-	-0-

NON-FEDERAL CAMPAIGN FINANCING

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

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

FOR LINE NUMBER: PAGE 1 OF 4
 11a 11b 11c 12
 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Bogart, Jason

Mailing Address
717 Mulberry St

City **Des Moines** State **IA** Zip Code **50309**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Sr. Vice President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **285.00**

Date of Receipt
Various

Amount of Each Receipt this Period
90.00

Memo Item
Biweekly @ \$15.00 per pay period for 6 periods

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Timothy J

Mailing Address
5826 Executive Dr.

City **Lansing** State **MI** Zip Code **48911-5303**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Admin. Services Manager**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **285.00**

Date of Receipt
Various

Amount of Each Receipt this Period
90.00

Memo Item
Biweekly @ \$15.00 per pay period for 6 periods

c. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeHart, Ben

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 (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Resident Vice President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **285.00**

Date of Receipt
Various

Amount of Each Receipt this Period
90.00

Memo Item
Biweekly @ \$15.00 per pay period for 6 periods

SUBTOTAL of Receipts This Page (optional)..... **270.00**

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

2016-10-10 10:00:00 AM

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 4
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. **Kelley, Bruce G**
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
717 Mulberry St

City **Des Moines** State **IA** Zip Code **50309**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Exec. CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
645.18

Date of Receipt
various

Amount of Each Receipt this Period
135.00

Memo Item

Biweekly @ \$22.50 per pay period for 6 periods

B. **Lofus, Michael T.**
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
11311 Cornell Park Dr, Suite 500

City **Blue Ash** State **OH** Zip Code **45242-1899**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Claims Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
various

Amount of Each Receipt this Period
90.00

Memo Item

Biweekly @ \$15.00 per pay period for 6 periods

C. **McClusky, Mark R.**
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
116455 W Bluemound Rd

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

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Claims Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
various

Amount of Each Receipt this Period
15.00

Memo Item

Biweekly @ \$15.00 per pay period for 1 period

SUBTOTAL of Receipts This Page (optional)..... ▶ **240.00**

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

2018-10-11 09:00 AM

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 3 OF 4
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pingel, Gary

Mailing Address
5826 Executive Dr

City
Lansing State
MI Zip Code
48911-5303

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
EMC Insurance Companies Occupation (for Individual)
Resident Vice President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
240.00

Date of Receipt
Various

Amount of Each Receipt this Period
45.00

Memo Item
Biweekly @ \$15.00 per pay period for 3 periods

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Prindiville, Dennis

Mailing Address
5445 DTC Parkway Suite 320

City
Greenwood Village State
CO Zip Code
80111

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
EMC Insurance Companies Occupation (for Individual)
Resident Vice President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
200.00

Date of Receipt
Various

Amount of Each Receipt this Period
-0-

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, David R

Mailing Address
16455 W Bluemand Rd

City
Brookfield State
WI Zip Code
53005-5976

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
EMC Insurance Companies Occupation (for Individual)
Resident Vice President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
285.00

Date of Receipt
Various

Amount of Each Receipt this Period
90.00

Memo Item
Biweekly @ \$15.00 per pay period for 6 periods

SUBTOTAL of Receipts This Page (optional).....▶ **135.00**

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

NOT FOR FEDERAL GOVERNMENT USE

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

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

FOR LINE NUMBER: PAGE 4 OF 4

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Faust, Eric

Mailing Address
699 Walnut St, Suite 1100

City **Des Moines** State **IA** Zip Code **50309**

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual) **Exec. VP + COO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
Various

Amount of Each Receipt this Period
90.00

Memo Item
Biweekly @ \$15.00 per pay period for 6 periods

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) **EMC Insurance Companies** Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **90.00**

TOTAL This Period (last page this line number only)..... ▶ **735.00**

2018-10-11 09:00 AM

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Upmeyer for House

Mailing Address

1811 N 8th St.

City

Clear Lake

State

IA

Zip Code

50428

Purpose of Disbursement

Political Contribution

Candidate Name

Linda Upmeyer

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IA

District: 54

011
Category/
Type

Date of Disbursement

08 / 16 / 2018

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1500.00

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

1500.00

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INSURANCE

A 50306-0712

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316 GARFIELD ST
PO Box 712 • Des Moines, IA 50306-0712
ROLFE IA 50581-1119

FEDERAL ELECTION COMMISSION
1050 FIRST STREET NE
WASHINGTON, DC 20463

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*
 (3/2015)

10/11/18
 DATE PREPARED

20181011 10:11:18 AM