

EMC
Insurance Companies

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

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2018 DEC -3 AM 10:24

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

November 28, 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 October 18, 2018 through November 26, 2018:

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

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



Ron Herman
Employers Mutual Casualty Company
Vice President

Enclosures

2018-12-03 10:24 AM

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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2018 DEC -3 AM 10: 24
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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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

MM/DD/YYYY

through

MM/DD/YYYY

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

Bruce G. Kelley

Date

MM/DD/YYYY

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

Office Use Only

FEC FORM 3X
Rev. 05/2016

**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="2896385"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="137751"/>	<input type="text" value="1358309"/>
(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="3034136"/>	<input type="text" value="4904136"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-0-"/>	<input type="text" value="1870000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3034136"/>	<input type="text" value="3034136"/>
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

NOT A FINANCIAL STATEMENT

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:

7 0 / 1 8 / 2 0 1 8

To:

1 1 / 2 6 / 2 0 1 8

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).....

47250

477518

(ii) Unitemized

90501

730791

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

137751

1208309

(b) Political Party Committees

(c) Other Political Committees (such as PACs).....

-0-

150000

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

137751

1358309

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)).....▶

137751

1358309

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

137751

1358309

NONFEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....		
24. Independent Expenditures (use Schedule E).....	-0-	16000.00
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).....	-0-	2700.00
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))..	-0-	18700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-0-	18700.00

UNIVERSITY OF WISCONSIN

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1377.51	1358309
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1377.51	1358309
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-

UNRECORDED COPY

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 10
(check only one)
 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 ▼
345.00

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
Davis, Timothy J

Mailing Address
5926 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 ▼
345.00

Date of Receipt
Various

Amount of Each Receipt this Period
45.00

Memo Item
Biweekly @ \$15.00 per pay period for 3 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
[] / [] / []

Amount of Each Receipt this Period
-0-

Memo Item

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

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

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**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 6
(check only one)
 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
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 (for Individual) EMC Insurance Companies Occupation (for Individual) Bond Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 230.00

Date of Receipt Various

Amount of Each Receipt this Period 30.00

Memo Item
Biweekly @ \$10.00 per pay period for 3 periods

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

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 735.18

Date of Receipt Various

Amount of Each Receipt this Period 67.50

Memo Item
Biweekly @ \$22.50 per pay period for 3 periods

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

Mailing Address
11311 Cornell Park Dr, Suite 500

City Blue Ash State OH Zip Code 45242-1889

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 345.00

Date of Receipt Various

Amount of Each Receipt this Period 45.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 1425.00

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

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**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 6	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lovell, Mick

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) Occupation (for Individual)
EMC Insurance Companies Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
Various

Amount of Each Receipt this Period
30.00

Memo Item
Biweekly @ \$10.00 per pay period for 3 periods

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

Mailing Address
116455 W Bluemond Rd

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

FEC ID number of contributing federal political committee.
C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
Various

Amount of Each Receipt this Period
30.00

Memo Item
Biweekly @ \$10.00 per pay period for 3 periods

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

Mailing Address
116455 W Bluemond Rd

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

FEC ID number of contributing federal political committee.
C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

Amount of Each Receipt this Period
-0-

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **60.00**

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

NOT FOR FILING

**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 6

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

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

A. Pingell, Gary

Mailing Address

5926 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

MM / DD / YYYY

Amount of Each Receipt this Period

-0-

Memo Item

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

B. Prindiville, Dennis

Mailing Address

5445 DTC Parkway, Suite 300

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

MM / DD / YYYY

Amount of Each Receipt this Period

-0-

Memo Item

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

C. Schwab, Lonnie

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)

Area Vice President

Receipt For:

Primary General
 Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

Various

Amount of Each Receipt this Period

30.00

Memo Item

Biweekly @ \$10.00 per pay period for 3 periods

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

30.00

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

30.00

**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 5 OF 6
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sederburg, Kelvin		Date of Receipt Various
Mailing Address 717 Mulberry St		Amount of Each Receipt this Period 30.00
City Des Moines	State IA Zip Code 50309	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) EMC Insurance Companies	Occupation (for Individual) Vice President	Biweekly @ \$10.00 per pay period for 3 periods
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ternes, Marilyn		Date of Receipt Various
Mailing Address 1938 E Interstate Ave		Amount of Each Receipt this Period 30.00
City Bismarck	State ND Zip Code 58503-0565	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) EMC Insurance Companies	Occupation (for Individual) Resident Vice President	Biweekly @ \$10.00 per pay period for 3 periods
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Young, David R		Date of Receipt Various
Mailing Address 11455 W Bluemound Rd		Amount of Each Receipt this Period 45.00
City Brookfield	State WI Zip Code 53005-5976	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) EMC Insurance Companies	Occupation (for Individual) Resident Vice President	Biweekly @ \$15.00 per pay period for 3 periods
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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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 <u>6</u> OF <u>6</u>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/>	<input type="checkbox"/>	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Faust, Eric

Mailing Address
1699 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 ▼
3450.00

Date of Receipt
Various

Amount of Each Receipt this Period
4500

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

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

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

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

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)..... **4500**

TOTAL This Period (last page this line number only)..... **47250**

2018-11-01 10:00:00

**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	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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
Employers Mutual Casualty Co. PAC for Responsible State Government

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)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,500.00

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
-0-

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **-0-**

TOTAL This Period (last page this line number only).....▶ **-0-**

UNRECORDED COPY

STAGE >> PITNEY BOWES



309 \$ 006.37⁰

04229 NOV 28 2018

FIRST CLASS

FIRST CLASS

FIRST CLASS

RECEIVED
FEC MAIL CENTER
2018 DEC -3 AM 10: 24

FIRST CLASS MAIL



P.O. Box 712 • Des Moines, IA 50306-0712

FEDERAL ELECTION COMMISSION
1050 FIRST STREET NE
WASHINGTON, DC 20463



50463 44XRC
Signature Required

**IMPORTANT:
DO NOT DESTROY**

FIRST CLASS

FIRST CLASS

FIRST CLASS

UNRECORDED MAIL CENTER

LIVV
INSURANCE

IA 50306-0712

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Federal Election Commission
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