

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2024 MAY 29 AM 10:25  
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Employers Mutual Casualty Company Committee for Responsible Federal Government

ADDRESS (number and street)

717 Mulberry Street

☐ (Check if address is changed)

Des Moines

CITY ▲

IA

STATE ▲

50309

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

Doug S. VanZanten@EMCIns.com

Optional Second E-Mail Address

Ron D. Herman@EMCIns.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

NA

2. DATE 05 / 21 / 2024

3. FEC IDENTIFICATION NUMBER C 00163873

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer Ron D. Herman

Signature of Treasurer

*Ron D. Herman*

Date 05 / 21 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 03/2022)

## 5. TYPE OF COMMITTEE:

**Candidate Committee:**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State  
District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_

C

2. \_\_\_\_\_

C

NOT ON FORM 1

Write or Type Committee Name

\_\_\_\_\_

\_\_\_\_\_

ZIP CODE ▲

5

ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_

Telephone number                   -                -

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number C  
FEC ID number C  
FEC ID number C  
FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization☐ Affiliated Committee☐ Joint Fundraising Representative☐ Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_  
Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,  
Depository, etc.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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**EMC**  
INSURANCE

, IA 50306-0712

S.COM

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

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
WDO PREPARER (4/2023)		5/29/24 DATE PREPARED