

**EMC**  
**Insurance Companies**

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

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2010 OCT 18 AM 11:11

FEC MAIL CENTER

**COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT**

October 11, 2010

**Multi-Candidate Committee**

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

Re: FEC Form 3X

Enclosed are the following reports for July 1, 2010 through September 30, 2010:

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  
EMC Insurance Companies  
Director of Tax

Enclosures

10030451428

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FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

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 OR AMENDED  
xx (N) OR (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X 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 [M M D D Y Y Y Y] in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on [M M D D Y Y Y Y] in the State of

5. Covering Period 09 01 2010 through 09 30 2010

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 [Handwritten Signature]

Date 10 11 2010

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 [Grid] FEC FORM 3X Rev. 12/2004

10030451429

**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:

07 01 2010

To:

09 30 2010

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010		1,885.30
(b) Cash on Hand at Beginning of Reporting Period.....	1,101.77	
(c) Total Receipts (from Line 19) .....	2,505.52	6,821.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3,607.29	8,707.29
7. Total Disbursements (from Line 31) .....	2,500.00	7,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1,107.29	1,107.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	NONE	

XX 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

10030451430

**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 Governmen**

Report Covering the Period: From:

To:

10030451431

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).....	479.22	1,848.10
(ii) Unitemized.....	2,026.30	4,973.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2,505.52	6,821.99
(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).....▶	2,505.52	6,821.99
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)).....▶	2,505.52	6,821.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2,505.52	6,821.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030451432

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.....	2,500.00	7,600.00
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....		
30. Federal Election Activity (2 U.S.C. §431(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)) ..	2,500.00	7,600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,500.00	7,600.00

**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) .....	2,505.52	6,821.99
34. Total Contribution Refunds (from Line 28(d)) .....	.	.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,505.52	6,821.99
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-

10030451433

**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 2	
	<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) Kelley, Bruce G

Mailing Address 14 Glenview Drive

City Des Moines State IA Zip Code 50312

FEC ID number of contributing federal political committee. C

Name of Employer EMC Insurance Companies Occupation Executive - CEO.

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

Aggregate Year-to-Date 1,059.60

payroll deductions - see attached  
Date of Receipt  
M M / D D / Y Y Y Y  
Various

Amount of Each Receipt this Period  
269.22

Biweekly @ \$38.46 per pay period for 7 periods

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

Mailing Address 7618 Madison Ave.

City Des Moines State IA Zip Code 50322

FEC ID number of contributing federal political committee. C

Name of Employer EMC Insurance Companies Occupation Computer Analyst

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

Aggregate Year-to-Date 286.00

payroll deductions - see attached  
Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
NONE

Lump sum of \$25000 plus \$4.00 per pay period for 9 periods

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

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) Other (specify) ▼

Aggregate Year-to-Date 262.50

payroll deductions - see attached  
Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
105.00

Biweekly @ \$15.00 per pay period for 7 periods.

**SUBTOTAL** of Receipts This Page (optional) ..... 374.22

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

10030451434

**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 2
	<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 (Last, First, Middle Initial) Prindiville, Dennis J.

Mailing Address 6352 S. Jackson Gap Ct.

City Aurora State CO Zip Code 80016-2465

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 740.00

payroll deductions - see attached

Date of Receipt Various

Amount of Each Receipt this Period 105.00

Biweekly @ \$15.00 per pay period for 7 periods

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. C

Name of Employer EMC Insurance Companies Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

payroll deductions - see attached

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. C

Name of Employer EMC Insurance Companies Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

payroll deductions - see attached

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

SUBTOTAL of Receipts This Page (optional).....	<u>105.00</u>
TOTAL This Period (last page this line number only).....	<u>499.22</u>

10030451435



**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 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. PAC for Responsible Federal Government*

Full Name (Last, First, Middle Initial)

**A.** *National Association of Mutual Insurance Co. PAC*

Mailing Address

*3601 Vincennes Road, Box 68700*

City

*Indianapolis IN 46268*

Purpose of Disbursement

*Political Contribution*

Candidate Name

**011**

Category/  
Type

Date of Disbursement

**09 / 09 / 2010**

Amount of Each Disbursement this Period

**2500.00**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

**011**

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

**011**

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

**2500.00**

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

**2500.00**

10030451436

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	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

*Chap*  
 PREPARER  
 (3/2005)

*10/18/10*  
 DATE PREPARED

10030451437