



COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

P.O. BOX 712 • DES MOINES IOWA 50303 • TEL 282 2911 AREA 310

Multi-Candidate Committee

January 16, 2002

RECEIVED
FED MAIL ROOM
2002 FEB 19 P 1:55

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

Here are the following reports for the period July 1, 2001 through December 31, 2001.

Report of Receipts and Disbursements
Summary Page of Receipts and Disbursements
Detailed Summary Page - Receipts
Detailed Summary Page - Disbursements
Schedule A
Schedule B


Bruce G. Kelley

Treasurer

BGK/sb
Enc.

RECEIVED
FEC MAIL ROOM

2002 FEB 19 P 1:55

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

00163873 121001 N 285
BRUCE G KELLEY
EMPLOYERS MUTUAL CASUALTY COMP
ANY COMMITTEE FOR RESPONSIBLE
717 MULBERRY STREET
DES MOINES IA 50309

Check if different than previously reported. (ACC)

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

In the State of

(d)

30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

07

01

2001

through

12

31

2001

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

01

19

2001

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

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Employers Mutual Casualty Company 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="2001"/>	<input type="text" value=""/>	<input type="text" value="632528"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="748530"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19)	<input type="text" value="170280"/>	<input type="text" value="387342"/>
(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="918810"/>	<input type="text" value="1019870"/>
7. Total Disbursements (from Line 30)	<input type="text" value="525870"/>	<input type="text" value="626930"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="392940"/>	<input type="text" value="392940"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	<input type="text" value=""/>



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

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Employers Mutual Casualty Company Committee for Responsible Federal Government

Report Covering the Period:

From:

07 / 01 / 2001

To:

12 / 31 / 2001

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 (see Schedule A)	3,614.00	
(ii) Unitemized	1,341.40	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1,702.80	3,873.42
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	1,702.80	3,873.42
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 36, page 4)	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 Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1,702.80	3,873.42
20. Total Federal Receipts (subtract Line 18 from Line 19)	1,702.80	3,873.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	5 2 5 0 0 0	6 2 6 0 6 0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (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	8 7 0	8 7 0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	5 2 5 8 7 0	6 2 6 9 3 0
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	5 2 5 8 7 0	6 2 6 9 3 0

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	5 2 5 8 7 0	6 2 6 9 3 0
33. Total Contribution Refunds (from Line 28(d))	0	0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	5 2 5 8 7 0	6 2 6 9 3 0
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0	0

**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 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 Company Committee for Responsible Federal Government

Full Name (Last, First, Middle Initial)
A. Jeffrey E. Felts

Mailing Address
2342 Donnington Lane

City State Zip Code
Cincinnati OH 45244

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

Name of Employer EMC Insurance Cos. (Hamilton Mutual) Occupation Pres. - Hamilton Mutual

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
23400

Payroll Deductions -
See Attached

Date of Receipt

Amount of Each Receipt this Period
1,170.00

Full Name (Last, First, Middle Initial)
B. David Narigon

Mailing Address
Box 308

City State Zip Code
Monroe IA 50170

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

Name of Employer EMC Insurance Cos. Occupation Senior Vice President

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
18240

Payroll Deductions -
See Attached

Date of Receipt

Amount of Each Receipt this Period
1,144.00

Full Name (Last, First, Middle Initial)
C. Georgia Rhoades

Mailing Address
3633 Cornell

City State Zip Code
Des Moines IA 50313

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

Name of Employer EMC Insurance Cos. Occupation EP-Commercial Systems

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
25600

Date of Receipt

Amount of Each Receipt this Period
3000

SUBTOTAL of Receipts This Page (optional) ▶

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

Jeff Sultz

7-6-01 9.0000 +
 7-20-01 9.0000 +
 8-3-01 9.0000 +
 8-17-01 9.0000 +
 8-31-01 9.0000 +
 9-14-01 9.0000 +
 9-28-01 9.0000 +
 10-12-01 9.0000 +
 10-26-01 9.0000 +
 11-09-01 9.0000 +
 11-23-01 9.0000 +
 12-07-01 9.0000 +
 12-21-01 9.0000 +
 117.0000 *

David Naigou

0. *

 7-6-01 8.8000 +
 7-20-01 8.8000 +
 8-3-01 8.8000 +
 8-17-01 8.8000 +
 8-31-01 8.8000 +
 9-14-01 8.8000 +
 9-28-01 8.8000 +
 10-12-01 8.8000 +
 10-26-01 8.8000 +
 11-09-01 8.8000 +
 11-23-01 8.8000 +
 12-07-01 8.8000 +
 12-21-01 8.8000 +
 114.0000 *

Georgia Rhodes

7-6-01 10.0000 +
 7-20-01 10.0000 +
 8-3-01 10.0000 +
 8-17-01 10.0000 +
 8-31-01 10.0000 +
 9-14-01 10.0000 +
 9-28-01 10.0000 +
 10-12-01 10.0000 +
 10-26-01 10.0000 +
 11-09-01 10.0000 +
 11-23-01 10.0000 +
 12-07-01 10.0000 +
 12-21-01 10.0000 +
 120.0000 *

**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 3
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 26	<input checked="" type="checkbox"/> 29	
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c		

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 Company Committee for Responsible Federal Government

Full Name (Last, First, Middle Initial) A. Welle Fargo Bank		Date of Disbursement MM / DD / YYYY	
Mailing Address P. O. Box 837			
City Des Moines	State IA	Zip Code 50309	Amount of Each Disbursement this Period - 5 3 0
Purpose of Disbursement This was a reversal of charge for checks returned with bank stmt. 7-20-01.		Category/Type 0 0 1	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Welle Fargo Bank		Date of Disbursement MM / DD / YYYY	
Mailing Address P. O. Box 837			
City Des Moines	State IA	Zip Code 50309	Amount of Each Disbursement this Period 1 4 0 0
Purpose of Disbursement New Check Order Charge		Category/Type 0 0 1	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	8 7 0
TOTAL This Period (last page this line number only)	

**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 2 OF 3		
	<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

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 Company Committee for Responsible Federal Government

Full Name (Last, First, Middle Initial) A. Siegrist for Congress		Date of Disbursement 10 / 30 / 2001	
Mailing Address c/o James Watson 717 Grace Street		Amount of Each Disbursement this Period 2,500.00	
City Council Bluffs	State IA	Zip Code 51503	Category/Type 0 1 1
Purpose of Disbursement Campaign Contribution		Candidate Name Brent Siegrist	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/Type
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/Type
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

**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)

<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				

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 Company Committee for Responsible Federal Government

Full Name (Last, First, Middle Initial)

Date of Disbursement

1 1 / 1 2 / 2 0 0 1

A.

Alliance Corporate Political Contribution Fund

Mailing Address

3025 Highland Parkway, Suite 800

City

Downers Grove

State

IL

Zip Code

60515

Purpose of Disbursement

Support of Candidates

Candidate Name

0 1 1
Category/
Type

Amount of Each Disbursement This Period

5 0 0 0 0 0

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

1 2 / 2 1 / 2 0 0 0

B.

Alliance Corporate Political Contribution Fund

Mailing Address

3025 Highland Parkway, Suite 800

City

Downers Grove

State

IL

Zip Code

60515

Purpose of Disbursement Check dated 11-12-01 for \$5,000 returned to us as we made an error in who it was made payable to.

Candidate Name

0 1 1
Category/
Type

Amount of Each Disbursement This Period

- 5 0 0 0 0 0

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

1 2 / 2 7 / 2 0 0 1

C.

ALLPAC

Mailing Address

3025 Highland Parkway, Suite 800

City

Downers Grove

State

IL

Zip Code

60515

Purpose of Disbursement

Support of Candidates

Candidate Name

0 1 1
Category/
Type

Amount of Each Disbursement This Period

5 0 0 0 0 0

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

5 0 0 0 0 0

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

5 2 5 8 7 0

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JAC</i> PREPARER	 <i>2/19/02</i> DATE PREPARED