

EMC
Insurance Companies

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

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

RECEIVED
2014 DEC -3 AM 11:42
FEC MAIL CENTER

November 25, 2014

Multi-Candidate Committee

FEDERAL ELECTION COMMISSION
999 E ST NW
WASHINGTON DC 20463

Re: FEC Form 3X

Enclosed are the following reports for October 16, 2014 through November 24, 2014:

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
Assistant Vice President

Enclosures

**FEC
FORM 3X**

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

RECEIVED

2014 DEC -3 AM 11:42

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



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

10

10

2014

through

11

24

2014

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

11

20

2014

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

Rev. 12/2004

**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:

10 10 2014

To:

11 24 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		19,558.27
(b) Cash on Hand at Beginning of Reporting Period.....	23,335.01	
(c) Total Receipts (from Line 19)	2,339.82	19,340.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25,074.83	38,924.83
7. Total Disbursements (from Line 31)	4,000.00	17,850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21,074.83	21,074.83
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	



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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

Employers Mutual Casualty Co. Political Action Committee for Responsible Federal Government

Report Covering the Period: From:

10 10 2014

To:

11 24 2014

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).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(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).....▶

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)).....▶

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

113376

120600

233982

233982

233982

233982

530708

1405948

1930056

1930056

1930056

1930056

Page 4

II. Disbursements

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)
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)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

4.000.000

17,850.00

4,600.00

17,850.00

4,000.00

17,850.00

. Page 5

COLUMN B
Calendar Year-to-Date

19.3101050

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 8

☒ 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 (Last, First, Middle Initial) **Bogart, Jason R.**
Mailing Address **5817 N Waterbury Rd.**
City **Des Moines** State **IA** Zip Code **50312-1339**
FEC ID number of contributing federal political committee. **C**
Name of Employer **EMC Insurance Companies** Occupation **Executive Vice President**
Receipt For: ☐ Primary ☒ General ☐ Other (specify) ☐
Aggregate Year-to-Date **345.00**

payroll deductions -
Date of Receipt

VARIOUS

Amount of Each Receipt this Period

45.00

**Bi-weekly @ \$15.00 per pay
period for 3 periods.**

B. Full Name (Last, First, Middle Initial) **Clark, Deanna M.**
Mailing Address **PO Box 248**
City **Monroe** State **LA** Zip Code **50170**
FEC ID number of contributing federal political committee. **C**
Name of Employer **EMC Insurance Companies** Occupation **Asst. Director of HR**
Receipt For: ☐ Primary ☒ General ☐ Other (specify) ☐
Aggregate Year-to-Date **230.00**

payroll deductions -
Date of Receipt

VARIOUS

Amount of Each Receipt this Period

30.00

**Bi-weekly @ \$10.00 per pay
period for 3 periods.**

C. Full Name (Last, First, Middle Initial) **DAVIS, Timothy J.**
Mailing Address **111 Mockingbird Dr.**
City **Holt** State **MI** Zip Code **48842**
FEC ID number of contributing federal political committee. **C**
Name of Employer **EMC Insurance Companies** Occupation **Admin Services Manager**
Receipt For: ☐ Primary ☒ General ☐ Other (specify) ☐
Aggregate Year-to-Date **345.00**

payroll deductions -
Date of Receipt

VARIOUS

Amount of Each Receipt this Period

45.00

**Bi-weekly @ \$15.00 per pay
period for 3 periods**

SUBTOTAL of Receipts This Page (optional) **120.00**

TOTAL This Period (last page this line number only)

120.00

11004-104-4000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE <u>2</u> OF <u>8</u>	
(check only one)			
<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 (Last, First, Middle Initial) **DeHart, Benjamin K.**

Mailing Address **15017 Horton**

City **Overland Park** State **KS** Zip Code **66223**

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

Name of Employer **EMC Insurance Companies** Occupation **Branch Manager**

Receipt For: ☐ Primary ☒ General ☐ Other (specify) **▼**

Aggregate Year-to-Date **345.00**

payroll deductions -
Date of Receipt **Various**

Amount of Each Receipt this Period **45.00**

Bi-weekly @ \$15.00 per pay period for 3 periods.

B. Full Name (Last, First, Middle Initial) **Fontanini, Jim**

Mailing Address **929 43rd St.**

City **West Des Moines** State **IA** Zip Code **50205**

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

Name of Employer **EMC Insurance Companies** Occupation **Branch Manager**

Receipt For: ☐ Primary ☒ General ☐ Other (specify) **▼**

Aggregate Year-to-Date **230.00**

payroll deductions -
Date of Receipt **Various**

Amount of Each Receipt this Period **30.00**

Bi-weekly @ \$10.00 per pay period for 3 periods.

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

Mailing Address **5830 Brantwood Circle**

City **Johnston** State **IA** Zip Code **50131**

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

Name of Employer **EMC Insurance Companies** Occupation **Exec. Vice President**

Receipt For: ☐ Primary ☒ General ☐ Other (specify) **▼**

Aggregate Year-to-Date **402.50**

payroll deductions -
Date of Receipt **Various**

Amount of Each Receipt this Period **52.50**

Bi-weekly @ \$17.50 per pay period for 3 periods.

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

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

127.50

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 **8**

☒ 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**

A. Full Name (Last, First, Middle Initial) **Hand, Michael A.**
Mailing Address **1101 Chisam Rd**
City **Kearney** State **MO** Zip Code **64010**
FEC ID number of contributing federal political committee. **C**
Name of Employer **EMC Insurance Companies** Occupation **Bond Manager**
Receipt For: ☐ Primary ☒ General ☐ Other (specify) **Aggregate Year-to-Date** **230.00**

payroll deductions -
Date of Receipt **VARIOUS**
Amount of Each Receipt this Period **30.00**
Bi-weekly @ \$10.00 per pay period for 3 periods.

B. Full Name (Last, First, Middle Initial) **Hovick, Kevin D.**
Mailing Address **135100 Lakeshore Dr.**
City **Clive** State **IA** Zip Code **50325**
FEC ID number of contributing federal political committee. **C**
Name of Employer **EMC Insurance Companies** Occupation **Executive Vice President**
Receipt For: ☐ Primary ☒ General ☐ Other (specify) **Aggregate Year-to-Date** **345.00**

payroll deductions -
Date of Receipt **VARIOUS**
Amount of Each Receipt this Period **45.00**
Bi-weekly @ \$15.00 per pay period for 3 periods.

C. Full Name (Last, First, Middle Initial) **Jean, Ron W.**
Mailing Address **2214 Ridgewood Dr.**
City **Altoona** State **IA** Zip Code **50009**
FEC ID number of contributing federal political committee. **C**
Name of Employer **EMC Insurance Companies** Occupation **Executive Vice President**
Receipt For: ☐ Primary ☒ General ☐ Other (specify) **Aggregate Year-to-Date** **287.50**

payroll deductions -
Date of Receipt **VARIOUS**
Amount of Each Receipt this Period **37.50**
Bi-weekly @ \$12.50 per pay period for 3 periods.

SUBTOTAL of Receipts This Page (optional) **112.50**

TOTAL This Period (last page this line number only)

1403-134-4528

FOR LINE NUMBER: PAGE 4 OF 8

(check only one)

<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	

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

FE6AN026

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: **PAGE 5 OF 8**
(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**

A. Lovell, Mick Full Name (Last, First, Middle Initial) Mailing Address 5550 Cottonwood Cir City West Des Moines State IA Zip Code 50240 FEC ID number of contributing federal political committee. C Name of Employer EMC Insurance Companies Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 230.00		payroll deductions - Date of Receipt Various Amount of Each Receipt this Period 3.00 Bi-weekly @ \$10.00 per pay period for 3 periods.
B. Lucca, Phillip R. Full Name (Last, First, Middle Initial) Mailing Address 18300 Cherry Chase St. City Brookfield State WI Zip Code 53045 FEC ID number of contributing federal political committee. C Name of Employer EMC Insurance Companies Occupation Branch Manager Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 230.00		payroll deductions - Date of Receipt Various Amount of Each Receipt this Period 3.00 Bi-weekly @ \$10.00 per pay period for 3 periods.
C. McCusky, Mark R. Full Name (Last, First, Middle Initial) Mailing Address 15020 W. Woodview Dr. City New Berlin State IA Zip Code 53151 FEC ID number of contributing federal political committee. C Name of Employer EMC Insurance Companies Occupation Claims Manager Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 285.00		payroll deductions - Date of Receipt Various Amount of Each Receipt this Period 45.00 Bi-weekly @ \$15.00 per pay period for 3 periods.
SUBTOTAL of Receipts This Page (optional).....		105.00
TOTAL This Period (last page this line number only).....		

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 0 OF 8

☒ 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**

A. O'Connell, Thomas C. Full Name (Last, First, Middle Initial) Mailing Address 317 Deer Ridge Lane City Chelsea State IA Zip Code 35043 FEC ID number of contributing federal political committee. C Name of Employer EMC Insurance Companies Occupation Branch Manager Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 345.00		payroll deductions - Date of Receipt VARIOUS Amount of Each Receipt this Period 45.00 Bi-weekly @ \$15.00 per pay period for 3 periods.
B. Dingel, Gary Full Name (Last, First, Middle Initial) Mailing Address 13980 Hardenburg Trl City Eagle State MT Zip Code 48822 FEC ID number of contributing federal political committee. C Name of Employer EMC Insurance Companies Occupation Branch Manager Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 345.00		payroll deductions - Date of Receipt VARIOUS Amount of Each Receipt this Period 45.00 Bi-weekly @ \$15.00 per pay period for 3 periods.
C. Prindiville, Dennis Full Name (Last, First, Middle Initial) Mailing Address 6352 S Jackson Gap Ct. City Aurora State CO Zip Code 80016 FEC ID number of contributing federal political committee. C Name of Employer EMC Insurance Companies Occupation Reg. VP & Branch Manager Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 400.00		payroll deductions - Date of Receipt VARIOUS Amount of Each Receipt this Period 100.00 Bi-weekly @ \$20.00 per pay period for 3 periods.

SUBTOTAL of Receipts This Page (optional) **150.00**

TOTAL This Period (last page this line number only)

04241-1M-4540

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 7 OF 8

(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 (Last, First, Middle Initial)

A. **Schwab, Lonnie**

Mailing Address

W290 N 9444 Deer Lane

City

Colgate

State

WI

Zip Code

53017

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMC Insurance Companies

Occupation

Branch Manager

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

payroll deductions -
Date of Receipt

VARIOUS

Amount of Each Receipt this Period

30.00

**Bi-weekly @ \$10.00 per pay
period for 3 periods**

Full Name (Last, First, Middle Initial)

B. **Sederburg, Kelvin B.**

Mailing Address

300 33rd St.

City

West Des Moines

State

IA

Zip Code

50263

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 ▼

230.00

payroll deductions -
Date of Receipt

VARIOUS

Amount of Each Receipt this Period

30.00

**Bi-weekly @ \$10.00 per pay
period for 3 periods.**

Full Name (Last, First, Middle Initial)

C. **Jernes, Marilyn R**

Mailing Address

4211 Dream Catcher Pl S

City

Mandan

State

ND

Zip Code

58554

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMC Insurance Companies

Occupation

Branch Manager

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

payroll deductions -
Date of Receipt

VARIOUS

Amount of Each Receipt this Period

30.00

**Bi-weekly @ \$10.00 per pay
period for 3 periods.**

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

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

90.00

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

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

Full Name (Last, First, Middle Initial)

A. Gary Palmer for Alabama

Mailing Address

1919 Oxmoor Road #235

City

Homewood

State

AL

Zip Code

35209

Purpose of Disbursement

Political Contribution

011

Candidate Name

Gary Palmer

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: AL

District:

Date of Disbursement

10 30 2014

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marsh for Senate

Mailing Address

PO Box 2305

City

Anniston

State

AL

Zip Code

36202

Purpose of Disbursement

Political Contribution

011

Candidate Name

Del Marsh

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: AL

District:

Date of Disbursement

10 30 2014

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Cochran

Mailing Address

PO Box 4349

City

Jackson

State

MS

Zip Code

39296

Purpose of Disbursement

Political Contribution

011

Candidate Name

Thad Cochran

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: MS

District:

Date of Disbursement

10 30 2014

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1403-124-4543

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

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Stewart Mills

Date of Disbursement

Mailing Address

PO Box 1039

10 30 2014

City

Brainerd

State

MN

Zip Code

50401

Purpose of Disbursement

Political Contribution

011

Candidate Name

Stewart Mills

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State: MN

District

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Date of Disbursement

Mailing Address

PO Box 443109

10 30 2014

City

Eden Prairie

State

MN

Zip Code

55344

Purpose of Disbursement

Political Contribution

011

Candidate Name

Erik Paulsen

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District

Full Name (Last, First, Middle Initial)

C. French for Justice

Date of Disbursement

Mailing Address

100 S 3rd St.

10 30 2014

City

Columbus

State

OH

Zip Code

43215

Purpose of Disbursement

Political Contribution

011

Candidate Name

Judith L. French

Category/
Type

Amount of Each Disbursement this Period

300.00

Office Sought

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: OH

District

SUBTOTAL of Disbursements This Page (optional)

1300.00

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)

PAGE **3** OF **3**

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

Full Name (Last, First, Middle Initial)

A. Kennedy for Ohio

Mailing Address

260 N Cassady Ave.

City

Columbus

State

OH

Zip Code

43209

Purpose of Disbursement

Political Contribution

Candidate Name

Sharon L. Kennedy

0.11

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: **OH**

District:

Date of Disbursement

10 / 30 / 2014

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Friends of Scott Walker

Mailing Address

PO BOX 1020437

City

Middleton

State

WI

Zip Code

535102

Purpose of Disbursement

Political Contribution

Candidate Name

Scott Walker

0.11

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: **WI**

District:

Date of Disbursement

10 / 30 / 2014

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Friends of John Boehner

Mailing Address

7908 Cincinnati-Dayton Rd Ste 1-2

City

West Chester

State

OH

Zip Code

45009

Purpose of Disbursement

Political Contribution

Candidate Name

John Boehner

0.11

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: **OH**

District:

Date of Disbursement

10 / 30 / 2014

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1,800.00

TOTAL This Period (last page this line number only)

4,000.00

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FEDERAL ELECTION COMMISSION
999 E ST NW
WASHINGTON DC 20463

IMPORTANT:

14031 - 14034 - 14037

(8/2013)