



Insurance Companies

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JUL 19 A 10 33

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

Multi-Candidate Committee

July 12, 2004

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

Enclosed are the following reports for the period April 1, 2004 through June 30, 2004.

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.

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

JUL 19 10 33 AM '06 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12 YEARS
Employers Mutual Casualty Company Committee for Responsible Federal Government

ADDRESS (number and street) 717 Mulberry Street
City STATE ZIP CODE
Des Moines IA 50309

2. FEC IDENTIFICATION NUMBER 00163873
3. IS THIS REPORT NEW OR AMENDED
[X] 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), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)
(c) 18-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04/01/2004 through 06/30/2004

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 [Signature] Date 06/30/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Employers Mutual Casualty Company Committee for Responsible Federal Government

Report Covering the Period: From: 04 " 01 " 2004 To: 06 " 30 " 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		1,469.46
(b) Cash on Hand at Beginning of Reporting Period	1,251.99	
(c) Total Receipts (from Line 19)	1,921.16	3,453.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,173.06	4,923.06
7. Total Disbursements (from Line 31)	500.00	2,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,673.06	2,673.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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. 02/2003)

Write or Type Committee Name

Employers Mutual Casualty company Committee for Responsible Federal Government

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

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)	279.36	
(ii) Unitemized	1,641.78	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1,921.16	3,453.60
(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 33, page 5)	1,921.16	3,453.60
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 37, page 5)	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 Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1,921.16	3,453.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1,921.16	3,453.60

DETAILED SUMMARY PAGE
of Disbursements

B. 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	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	500.00	2,250.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (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 Contributions Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §491(20))		
(a) Allocated Federal Election Activity (from Schedule HE)		
(i) Federal Share	0	0
(ii) 'Levin' Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	500.00	2,250.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)	500.00	2,250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2009)

Page 5

dI. 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)	1,921.16	3,453.60
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,921.16	3,453.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

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 2

(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

Any information copied from such Reports and Statements may not be 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. Bruce C. Kelley		Payroll Deductions - See Date of Receipt Attached.	
Mailing Address 14 Glenview Drive			
City Des Moines	State IA	Zip Code 50312	Amount of Each Receipt this Period 115.38
FEC ID number of contributing federal political committee.		C	
Name of Employer EMC Insurance Companies		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 249.99	
Full Name (Last, First, Middle Initial) B. Nick Kolacia		Payroll Deductions - See Date of Receipt Attached.	
Mailing Address 5691 Vista Drive			
City West Des Moines	State IA	Zip Code 50266	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee.		C	
Name of Employer EMC Insurance Companies		Occupation Assistant Programmer Analyst	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 60.00	
Full Name (Last, First, Middle Initial) C. David O. Narigon		Payroll Deductions - See Date of Receipt Attached.	
Mailing Address Box 308			
City Monroe	State IA	Zip Code 50170	Amount of Each Receipt this Period 44.00
FEC ID number of contributing federal political committee.		C	
Name of Employer EMC Insurance Companies		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 93.00	
SUBTOTAL of Receipts This Page (optional)		219.38	
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 2 OF 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (in full) **Employers Mutual Casualty Company Committee for Responsible Federal Government**

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

Mailing Address
3533 Cornell
City **Des Moines** State **IA** Zip Code **50313**

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

Name of Employer **EMC Insurance Companies** Occupation **DP-Commercial Systems**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130.00

Date of Receipt
11/15/08

Payroll Deductions-See Attached.

Amount of Each Receipt this Period
60.00

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	279.39

Bruce Kelley

4/9/04 19.23 +
4/23/04 19.23 +
5/7/04 19.23 +
5/21/04 19.23 +
6/4/04 19.23 +
6/18/04 19.23 +
115.38 *

Dick Kolesia

4/9/04 10.00 +
4/23/04 10.00 +
5/7/04 10.00 +
5/21/04 10.00 +
6/4/04 10.00 +
6/18/04 10.00 +
60.00 *

David Nangon

4/9/04 7.00 +
4/23/04 7.00 +
5/7/04 10.00 +
5/21/04 10.00 +
6/4/04 10.00 +
6/18/04 10.00 +
64.00 *

L. Rhodes

4/9/04 10.00 +
4/23/04 10.00 +
5/7/04 10.00 +
5/21/04 10.00 +
6/4/04 10.00 +
6/18/04 10.00 +
60.00 *

**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 1	
<input type="checkbox"/> 21a	<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	

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 Political Action Committee for Responsible Federal Government**

Full Name (Last, First, Middle Initial) A. Victory 2004		Date of Disbursement 06 10 2004	
Mailing Address 621 E 9th Street			
City Des Moines	State IA	Zip Code 50309	
Purpose of Disbursement Contribution		Category/Type	Amount of Each Disbursement this Period , 500.00
Candidate Name			
Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	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			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought <input type="checkbox"/> President	House <input type="checkbox"/> Senate	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			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought <input type="checkbox"/> President	House <input type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

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

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 checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>lel</i> PREPARER	7-19-04 DATE PREPARED

(5/2004)