

EMC
Insurance Companies

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

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COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

October 7, 2016

Multi-Candidate Committee

FEDERAL ELECTION COMMISSION
999 E ST NW
WASHINGTON DC 20463

Re: FEC Form 3X

Enclosed are the following reports for July 1, 2016 through September 30, 2016:

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

20161014 10110100

**FEC
FORM 3X**

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

RECEIVED
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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 - 0719

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 M M M / D D D / Y Y Y Y Y Y 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 / 2016 through 09 / 30 / 2016

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

10 / 07 / 2016

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									
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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:

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	2010	23,604.34
(b) Cash on Hand at Beginning of Reporting Period	219,701.7	
(c) Total Receipts (from Line 19)	4,852.63	13,218.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26,822.80	36,822.80
7. Total Disbursements (from Line 31)	500.00	10,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26,322.80	26,322.80
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:

07 01 2016

To:

09 30 2016

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).....

1,817,944

5,122,980

(ii) Unitemized.....

3,034,693

8,095,480

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

4,852,637

13,218,460

(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).....▶

4,852,637

13,218,460

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)).....▶

4,852,637

13,218,460

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

4,852,637

13,218,460

20160101-20160930

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	500.00	10500.00
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)) ..	500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	500.00	10500.00

NON-FEDERAL SHARE

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)	485263	1321846
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	485263	1321846
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 -

NON-PROFIT ORGANIZATION

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 5	
	<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) **Hallenbeck, Ron**

Mailing Address **717 Mulberry**

City **Des Moines** State **IA** Zip Code **50309**

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) **29,750**

payroll deductions -
Date of Receipt **Various**

Amount of Each Receipt this Period **8,750**

Biweekly @ \$17.50 per pay period for 5 periods

B. Full Name (Last, First, Middle Initial) **Hovick, Kevin**

Mailing Address **717 Mulberry**

City **Des Moines** State **IA** Zip Code **50309**

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

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

Receipt For: Primary General Other (specify) **285,000**

payroll deductions -
Date of Receipt **Various**

Amount of Each Receipt this Period **105,000**

Biweekly @ \$15.00 per pay period for 7 periods

C. Full Name (Last, First, Middle Initial) **Jean, Scott**

Mailing Address **717 Mulberry**

City **Des Moines** State **IA** Zip Code **50309**

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) **20,900**

payroll deductions -
Date of Receipt **Various**

Amount of Each Receipt this Period **7,700**

Biweekly @ \$11.00 per pay period for 7 periods

SUBTOTAL of Receipts This Page (optional) ▶

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

269,500

20161014 09:00:00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 5

(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**

Full Name (Last, First, Middle Initial) A. Kelley, Bruce G		payroll deductions - Date of Receipt various	
Mailing Address 717 Mulberry		Amount of Each Receipt this Period 538.44	
City Des Moines	State IA	Zip Code 50309	Biweekly @ \$76.92 per pay period for 7 periods
FEC ID number of contributing federal political committee. C		Name of Employer EMC Insurance Companies	
Occupation Executive CEO		Aggregate Year-to-Date 14614.8	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Name of Employer EMC Insurance Companies	
Full Name (Last, First, Middle Initial) B. Loftus, Michael		payroll deductions - Date of Receipt various	
Mailing Address 11311 Cornell Park Dr, Suite 500		Amount of Each Receipt this Period 1050.0	
City Blue Ash	State OH	Zip Code 45242	Biweekly @ \$15.00 per pay period for 7 periods
FEC ID number of contributing federal political committee. C		Name of Employer EMC Insurance Companies	
Occupation Claims Manager		Aggregate Year-to-Date 285.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Name of Employer EMC Insurance Companies	
Full Name (Last, First, Middle Initial) C. McClusky, Mark		payroll deductions - Date of Receipt various	
Mailing Address 16455 W. Bluemound Road		Amount of Each Receipt this Period 1050.0	
City Brookfield	State WI	Zip Code 53005-5976	Biweekly @ \$15.00 per pay period for 7 periods
FEC ID number of contributing federal political committee. C		Name of Employer EMC Insurance Companies	
Occupation Claims Manager		Aggregate Year-to-Date 285.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Name of Employer EMC Insurance Companies	
SUBTOTAL of Receipts This Page (optional).....			7484.4
TOTAL This Period (last page this line number only).....			

2016-10-14 09:00:00

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 4 OF 5

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16

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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) **O'Connell, Thomas**

Mailing Address **800 Concourse Parkway, Suite 100**

City **Birmingham** State **AL** Zip Code **35244**

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** **21000**

payroll deductions - Date of Receipt **Various**

Amount of Each Receipt this Period **3000**

Biweekly @ \$15.00 per pay period for 2 periods

B. Full Name (Last, First, Middle Initial) **Prindiville, Dennis**

Mailing Address **5445 DTC Parkway, Suite 320**

City **Greenwood Village** State **CO** Zip Code **80111**

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

Name of Employer **EMC Insurance Companies** Occupation **Reg. VP + Branch Manager**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **38000**

payroll deductions - Date of Receipt **Various**

Amount of Each Receipt this Period **14000**

Biweekly @ \$20.00 per pay period for 7 periods

C. Full Name (Last, First, Middle Initial) **Pingel, Gary**

Mailing Address **5826 Executive Drive**

City **Lansing** State **MI** Zip Code **48911-5393**

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

Name of Employer **EMC Insurance Companies** Occupation **Resident Vice President**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **28500**

payroll deductions - Date of Receipt **Various**

Amount of Each Receipt this Period **10500**

Biweekly @ \$15.00 per pay period for 7 periods

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

27500

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

2010-10-14 10:00:00 AM

**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 **5**
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
Young, David R.

Mailing Address
11455 Bluemound Road

City **Brookfield** State **WI** Zip Code **53005-5976**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **285.00**

payroll deductions -
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)
Faust, Eric

Mailing Address
699 Walnut St, Suite 1100

City **Des Moines** State **IA** Zip Code **50309**

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

Name of Employer **EMC Insurance Companies** Occupation **Exec. VP + COO**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **285.00**

payroll deductions -
Date of Receipt **Various**

Amount of Each Receipt this Period
105.00

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

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 -
Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **210.00**

TOTAL This Period (last page this line number only) **1817.94**

UNIVERSITY MICROFILMS

**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	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
					<input type="checkbox"/> 26
					<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. Political Action Committee
for Responsible Federal Government**

20191014 03:00:10:0010000079

A. Full Name (Last, First, Middle Initial) **Grassley Committee Inc**

Mailing Address **PO Box 1000**

City **Des Moines** State **IA** Zip Code **50304**

Purpose of Disbursement **Political Contribution** Category/Type **0.1.1**

Candidate Name **Charles E. Grassley**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IA** District:

Date of Disbursement **07 / 21 / 2016**

Amount of Each Disbursement this Period **5.00.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **500.00**

TOTAL This Period (last page this line number only) **500.00**

EMC
INSURANCE

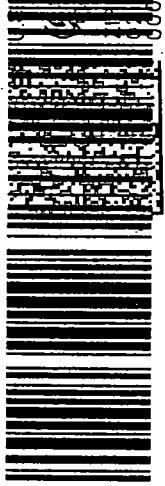
IA 50306-0712

s.com

FIRST CLASS

FIRST CLASS

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91 7199 9991 7030 7464 6005

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FEDERAL ELECTION COMMISSION
999 E ST NW
WASHINGTON, DC 20463

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2016 OCT 14 AM 11:31



20463 50E-44X
Signature Required

IMPORTANT:

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.

NOV 10 11 00 AM '16

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/10/16
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	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


 PREPARER

10/14/16
 DATE PREPARED