



Insurance Companies

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

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

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2012 JUL 16 AM 6:48

FEC MAIL CENTER

July 6, 2012

Multi-Candidate Committee

FEDERAL ELECTION COMMITTEE
PUBLIC RECORDS OFFICE
999 E ST NW
WASHINGTON DC 20463

Re: FEC Form 3X

Enclosed are the following reports for April 1, 2012 through June 30, 2012:

- 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

12030841672

**FEC
FORM 3X**

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

RECEIVED
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.
Employers Mutual Casualty Co Political Action Committee for Responsible
Federal Government

2012 JUN 16 AM 6:48
FEC MAIL CENTER

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 04 01 2012 through 06 30 2012

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 07 10 2012

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

12030841673

**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: 04 01 2012 To: 01 30 2012

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1, <u>2012</u>		<u>1,102,100</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>4,202,27</u>	
(c) Total Receipts (from Line 19).....	<u>4,107,944</u>	<u>7,255,105</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>8,881,71</u>	<u>8,881,71</u>
7. Total Disbursements (from Line 31).....	<u>5,000.00</u>	<u>5,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>3,881,71</u>	<u>3,881,71</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>NONE</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>NONE</u>	

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

12030841674

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:

04 01 2012

To:

01 30 2012

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).....

112422

151594

(ii) Unitemized.....

355522

573971

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4107944

725505

(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).....▶

4107944

725505

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)).....▶

4107944

725505

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

4107944

725505

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 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)

4,107,944
4,107,944
-
-

7,255,105
7,255,105
-
-

12030841677

**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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. Kelley, Bruce G
Full Name (Last, First, Middle Initial)

Mailing Address
14 Glen Dr

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) ▼

Aggregate Year-to-Date ▼
538.44

payroll deductions -
Date of Receipt
various

Amount of Each Receipt this Period
2169.22

Bi-weekly @ 38.46 per pay period for 5 periods, \$ 76.92 for 1 period.

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

Mailing Address
1400 Chapmanist Hill Rd

City **North Scituate** State **RI** Zip Code **02857**

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 ▼
250.00

payroll deductions
Date of Receipt
06/12/2012

Amount of Each Receipt this Period
250.00

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

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 **Exec. Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

payroll deductions
Date of Receipt
various

Amount of Each Receipt this Period
105.00

Bi-weekly @ 17.50 per pay period for 6 periods.

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

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

624.22

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**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	<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	

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)
Kochheiser, Kent

Mailing Address
PO BOX 109

City **South Lebanon** State **OH** Zip Code **450105**

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 ▼
500.00

payroll deductions
Date of Receipt
06 14 2012

Amount of Each Receipt this Period
500.00

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 **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

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) **500.00**

TOTAL This Period (last page this line number only) **1,124.22**

12030841679

**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"/> 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. Political Action Committee for Responsible Federal Government**

Full Name (Last, First, Middle Initial)

A. **Property Casualty Insurers Political Action Committee**

Mailing Address **2400 S River Road**

City **Des Plaines** State **IL** Zip Code **60018-3286**

Purpose of Disbursement **Political Contribution**

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **10/18/2012**

Amount of Each Disbursement this Period **5000.00**

Category/Type **011**

B.

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

Category/Type

C.

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

Category/Type

SUBTOTAL of Disbursements This Page (optional) **5000.00**

TOTAL This Period (last page this line number only) **5000.00**

12030841680

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.

Hand Delivered

Date of Receipt

USPS First Class Mail

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7/10/12

USPS Priority Mail

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Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

JA

PREPARER

(3/2005)

7/16/12

DATE PREPARED

12030821681