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 **EMC**  
**Insurance Companies**

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

**COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT**

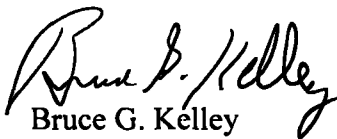
Multi-Candidate Committee

July 11, 2007

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

Enclosed are the following reports for the period January 1, 2007 through June 30, 2007:

- Report of Receipts and Disbursements
- Summary Page of Receipts and Disbursements
- Detailed Summary Page – Receipts
- Detailed Summary Page – Disbursements



Bruce G. Kelley  
Treasurer

BGK/sb  
Enc.

2/039471782



FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2007 APR 18 AM 9:53

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Employers Mutual Casualty Company Committee for Responsible Federal Government

ADDRESS (number and street) 717 Mulberry Street
Des Moines IA 50309

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 00163873 3. IS THIS REPORT NEW OR AMENDED (N) (N) (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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2007 through 06 30 2007

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 07 11 2007

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

27039471783

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2007"/>		4,191.41
(b) Cash on Hand at Beginning of Reporting Period.....	4,191.41	
(c) Total Receipts (from Line 19).....	5,296.61	5,296.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9,488.02	9,488.02
7. Total Disbursements (from Line 31).....	5,500.00	5,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,988.02	3,988.02
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

27039471784

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Employers Mutual Casualty Company Committee for Responsible Federal Government

Report Covering the Period: From:  /  /  To:  /  /

**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).....	1,668.50	1,668.50
(ii) Unitemized.....	3,628.11	3,628.11
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	5,296.61	5,296.61
(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).....▶	5,296.61	5,296.61
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)).....▶	5,296.61	5,296.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,296.61	5,296.61

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**DETAILED SUMMARY PAGE  
of Disbursements**

<b>II. Disbursements</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....		5,500.00	5,500.00
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 Contribution Refunds (add Lines 28(a), (b), and (c)).....	▶	0	0
29. Other Disbursements .....		0	0
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(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))..		5,500.00	5,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	5,500.00	5,500.00

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**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) .....	5,296.61	5,296.61
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5,296.61	5,296.61
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

27039471787

**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

<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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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) <b>A. Bruce G. Kelley</b>		Payroll Deduction Date of Receipt See Attached	
Mailing Address <b>14 Glenview Dr</b>		MM / DD / YYYY	
City <b>Des Moines</b>	State <b>IA</b>	Zip Code <b>50312</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>690.00</b>	
Name of Employer <b>EMC Insurance Companies</b>		Occupation <b>President &amp; CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>690.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Robert Morlan</b>		Payroll Deduction Date of Receipt See Attached	
Mailing Address <b>3404 Wakonda Ct</b>		MM / DD / YYYY	
City <b>Des Moines</b>	State <b>IA</b>	Zip Code <b>50315</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>160.00</b>	
Name of Employer <b>EMC Insurance Companies</b>		Occupation <b>Community Relations</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>160.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Georgia Rhoades</b>		Payroll Deductions & Check Date of Receipt	
Mailing Address <b>3633 Cornell</b>		MM / DD / YYYY	
City <b>Des Moines</b>	State <b>IA</b>	Zip Code <b>50313</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>408.50</b>	
Name of Employer <b>EMC Insurance Companies</b>		Occupation <b>P &amp; T Commercial Systems</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>408.50</b>	

<b>SUBTOTAL of Receipts This Page (optional)</b> .....▶	<b>1,258.50</b>
<b>TOTAL This Period (last page this line number only)</b> .....▶	

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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"/> 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 Company Committee for Responsible Federal Government**

Full Name (Last, First, Middle Initial)  
**A. Frankie BoX**

Mailing Address  
P. O. Box 1851  
City State Zip Code  
**Ridgeland MS 53915**

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

Name of Employer **EMC Insurance Companies** Occupation **Resident VP & Branch Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50.00**

Payroll Deductions  
Date of Receipt **See Attached**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. John R. Smith**

Mailing Address  
**1538 S 158th St.**  
City State Zip Code  
**Omaha NE 68130**

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

Name of Employer **EMC Insurance Companies** Occupation **Resident VP & Branch Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**160.00**

Payroll Deductions  
Date of Receipt **See Attached**

Amount of Each Receipt this Period  
**160.00**

Full Name (Last, First, Middle Initial)  
**C. Donald D. Klemme**

Mailing Address  
**3908 Muskogee Ave**  
City State Zip Code  
**Des Moines IA 50312-4625**

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

Name of Employer **EMC Insurance Companies** Occupation **Senior Vp - Administration**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt **Check**  
**04 09 2007**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **410.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **1,668.50**

27039471789



.....  
*Bruce Kelley*

12/1/06	40.00	+
12/15/06	40.00	+
12/29/06	40.00	+
1/12/07	40.00	+
1/26/07	40.00	+
2/9/07	40.00	+
2/23/07	40.00	+
3/9/07	40.00	+
3/23/07	40.00	+
4/6/07	40.00	+
4/20/07	40.00	+
5/4/07	50.00	+
5/18/07	50.00	+
6/1/07	50.00	+
6/15/07	50.00	+
6/29/07	50.00	+
	690.00	⌘

.....

*But Moran*

		0.C
12/1/06	10.00	+
12/15/06	10.00	+
12/29/06	10.00	+
1/12/07	10.00	+
1/26/07	10.00	+
2/9/07	10.00	+
2/23/07	10.00	+
3/9/07	10.00	+
3/23/07	10.00	+
4/6/07	10.00	+
4/20/07	10.00	+
5/4/07	10.00	+
5/18/07	10.00	+
6/1/07	10.00	+
6/15/07	10.00	+
6/29/07	10.00	+
	160.00	⌘

.....

27039471790

*George Rhodes*

		0.C
12/1/06	11.00	+
12/15/06	11.00	+
12/29/06	11.00	+
1/12/07	11.00	+
1/26/07	11.00	+
2/9/07	11.00	+
2/23/07	11.00	+
3/9/07	11.00	+
3/23/07	11.00	+
4/6/07	11.00	+
4/20/07	11.00	+
check	→287.50	+
	408.50	⌘

.....

*Shanku Box*

		0.C
5/4/07	10.00	+
5/18/07	10.00	+
6/1/07	10.00	+
6/15/07	10.00	+
6/29/07	10.00	+
	50.00	⌘

.....

*John R. Smith*

		0.C
12/1/06	10.00	+
12/15/06	10.00	+
12/29/06	10.00	+
1/12/07	10.00	+
1/26/07	10.00	+
2/9/07	10.00	+
2/23/07	10.00	+
3/9/07	10.00	+
3/23/07	10.00	+
4/6/07	10.00	+
4/20/07	10.00	+
5/4/07	10.00	+
5/18/07	10.00	+
6/1/07	10.00	+
6/15/07	10.00	+
6/29/07	10.00	+
	160.00	⌘

.....

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

Full Name (Last, First, Middle Initial) A. PCI PAC		Date of Disbursement 01 / 10 / 2007
Mailing Address 444 N Capitol St NW, Ste 801		Amount of Each Disbursement this Period 4,000.00
City Washington	State DC	
Purpose of Disbursement Contribution		011 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. PCI PAC		Date of Disbursement 02 / 19 / 2007
Mailing Address 444 N Capitol St NW, Ste 801		Amount of Each Disbursement this Period 1,000.00
City Washington	State DC	
Purpose of Disbursement Contribution		011 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Grassley Committee Inc.		Date of Disbursement 03 / 06 / 2007
Mailing Address 621 E 9th St		Amount of Each Disbursement this Period 500.00
City Des Moines	State IA	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Chuck Grassley		
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:	

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


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

5,500.00

27039471791

**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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/11/07
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	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	7/16/07 DATE PREPARED
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