

EMC
Insurance Companies

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

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2018 JAN 18 AM 11:49

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT

January 12, 2018

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, 2017 through December 31, 2017:

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

NON-PROFIT ORGANIZATION

**FEC
FORM 3X**

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

RECEIVED
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2018 JAN 18 AM 11:49

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

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

01 / 12 / 2018

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 2017 To: 12 31 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2017</u>		<u>30,841.93</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>29,023.10</u>	
(c) Total Receipts (from Line 19)	<u>7,935.17</u>	<u>16,116.34</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>35,958.27</u>	<u>46,958.27</u>
7. Total Disbursements (from Line 31)	<u>500.00</u>	<u>11,500.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>35,458.27</u>	<u>35,458.27</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

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 2017

To:

12 31 2017

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).....

404196

806892

(ii) Unitemized.....

389321

804742

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

793517

1611634

(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).....▶

793517

1611634

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)).....▶

793517

1611634

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

793517

1611634

2018-01-18 00:10:00

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	11,500.00
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	11,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	500.00	11,500.00

2010-10-01 14:00:00

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)	79,351.7	16,116.34
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79,351.7	16,116.34
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 CORPORATION

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 7	
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) **Bogart, Jason**

Mailing Address **717 Mulberry St**

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

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** **390.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **195.00**

Biweekly @ \$15.00 per pay period for 13 periods

B. Full Name (Last, First, Middle Initial) **Burbach, Tony A**

Mailing Address **1838 E Interstate Ave**

City **Bismarck** State **ND** Zip Code **58503**

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

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

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **208.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **104.00**

Biweekly @ \$8.00 per pay period for 13 periods

C. Full Name (Last, First, Middle Initial) **Davis, Timothy J**

Mailing Address **5826 Executive Dr**

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

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** **390.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **195.00**

Biweekly @ \$15.00 per pay period for 13 periods

SUBTOTAL of Receipts This Page (optional) **494.00**

TOTAL This Period (last page this line number only) **494.00**

494.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 7

(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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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. DeHart, Ben		Date of Receipt Various
Mailing Address 7300 W 110 th St, Suite 300		Amount of Each Receipt this Period 195.00
City Overland Park	State Zip Code KS 66210	
FEC ID number of contributing federal political committee. C		Biweekly @ \$15.00 per pay period for 13 periods
Name of Employer EMC Insurance Companies	Occupation Resident Vice President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) B. Hand, Michael A		Date of Receipt Various
Mailing Address 7300 W 110 th St, Suite 300		Amount of Each Receipt this Period 130.00
City Overland Park	State Zip Code KS 66210	
FEC ID number of contributing federal political committee. C		Biweekly @ \$10.00 per pay period for 13 periods
Name of Employer EMC Insurance Companies	Occupation Bond Manager	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) C. Hovick, Kevin		Date of Receipt Various
Mailing Address 717 Mulberry St		Amount of Each Receipt this Period 195.00
City Des Moines	State Zip Code IA 50309	
FEC ID number of contributing federal political committee. C		Biweekly @ \$15.00 per pay period for 13 periods
Name of Employer EMC Insurance Companies	Occupation Exec. Vice President - COO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

2025 RELEASE UNDER E.O. 14176

**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 7**
(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. Jean, Scott

Full Name (Last, First, Middle Initial)

Mailing Address: **717 Mulberry St**

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) **286.00**

Aggregate Year-to-Date **286.00**

Date of Receipt: **Various**

Amount of Each Receipt this Period: **143.00**

Biweekly @ \$11.00 per pay period for 13 periods

B. Kelley, Bruce G

Full Name (Last, First, Middle Initial)

Mailing Address: **717 Mulberry St.**

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

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

Name of Employer: **EMC Insurance Companies** Occupation: **Executive CEO**

Receipt For: Primary General Other (specify) **1999.92**

Aggregate Year-to-Date **1999.92**

Date of Receipt: **Various**

Amount of Each Receipt this Period: **999.96**

Biweekly @ \$76.92 per pay period for 13 periods

C. Loftus, Michael T

Full Name (Last, First, Middle Initial)

Mailing Address: **11311 Cornell Park Dr, Suite 500**

City: **Blue Ash** State: **OH** Zip Code: **45242**

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

Name of Employer: **EMC Insurance Companies** Occupation: **Claims Manager**

Receipt For: Primary General Other (specify) **390.00**

Aggregate Year-to-Date **390.00**

Date of Receipt: **Various**

Amount of Each Receipt this Period: **195.00**

Biweekly @ \$15.00 per pay period for 13 periods

SUBTOTAL of Receipts This Page (optional) **1337.96**

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

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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:	PAGE 4 OF 7
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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) **Lovell, Mick**

Mailing Address **717 Mulberry St**

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

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** **260.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **130.00**

Biweekly @ \$10.00 per pay period for 13 periods

B. Full Name (Last, First, Middle Initial) **Lucca, Philip R**

Mailing Address **16455 W Bluemound Rd**

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

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

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

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **260.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **130.00**

Biweekly @ \$10.00 per pay period for 13 periods

C. Full Name (Last, First, Middle Initial) **McClusky, Mark R**

Mailing Address **16455 W Bluemound Rd**

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

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

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

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **390.00**

Date of Receipt **Various**

Amount of Each Receipt this Period **195.00**

Biweekly @ \$15.00 per pay period for 13 periods

SUBTOTAL of Receipts This Page (optional) **455.00**

TOTAL This Period (last page this line number only)

UNACCOUNTED FOR CONTRIBUTION

**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 Co. Political Action Committee for Responsible Federal Government**

A. Full Name (Last, First, Middle Initial) **Scott Walker Inc** Date of Disbursement **07 / 26 / 2017**

Mailing Address **PO Box 1620590**

City **Middleton** State **WI** Zip Code **53562**

Purpose of Disbursement **Political Contribution** Amount of Each Disbursement this Period **500.00**

Candidate Name **0.1.1** Category/Type

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

State: District

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

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

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

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

2017-07-26 10:00:00 AM

U.S. POSTAGE & PITNEY BOWES



U.S. POSTAGE & PITNEY BOWES
ZIP 50309 \$ 006.41⁰
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Des Moines, IA 50306-0712

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FIRST CLASS MAIL



P.O. Box 712 • Des Moines, IA 50306-0712

FEDERAL ELECTION COMMISSION
999 E ST NW
WASHINGTON, DC 20463

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2018 JAN 18 AM 11:49

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.

<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) 1/12/2018
<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

af
 PREPARER
 (3/2015)

1/18/2018
 DATE PREPARED

2018-01-18 09:00:00