

**EMC**  
**Insurance Companies**

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

RECEIVED  
FEC MAIL CENTER  
2016 OCT 26 PM 12: 01

**COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT**

October 21, 2016

**Multi-Candidate Committee**

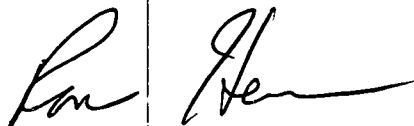
FEDERAL ELECTION COMMISSION  
999 E ST NW  
WASHINGTON DC 20463

Re: FEC Form 3X

Enclosed are the following reports for October 1, 2016 through October 19, 2016:

Form 3x - Report of Receipts and Disbursements  
Schedule A - Itemized Receipts

Please contact me at (515) 345-2788 if you should have any questions.



Ron Herman  
Employers Mutual Casualty Company  
Assistant Vice President

Enclosures

2016 OCT 26 PM 12: 01

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
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2016 OCT 26 PM 12:01  
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 checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on 11 / 08 / 2016 in the State of IA

- (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 MAY / 08 / 2016 in the State of IA

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 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 / 21 / 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: 10 01 2016 To: 10 19 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2016</u>		<u>23,604,34</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>26,322,80</u>	
(c) Total Receipts (from Line 19)	<u>645,89</u>	<u>13,864,05</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>26,968,39</u>	<u>37,468,39</u>
7. Total Disbursements (from Line 31)	<u>-0-</u>	<u>1,050,00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>26,968,39</u>	<u>26,968,39</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:

10 01 2016

To:

10 19 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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

30292  
34267  
64559

656590  
729815  
1386405

- (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).....▶

64559

1386405

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)).....▶

64559

1386405

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

64559

1386405

NON-FEDERAL CONTRIBUTIONS

**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 .....	-0-	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)) ..	-0-	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	-0-	10500.00

2010-10-29 09:00 AM

**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) .....	64559	1386405
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64559	1386405
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-FEDERAL CAMPAIGN CONTRIBUTIONS

**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 1 OF 7
	<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"/> 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. Bogart, Jason**

Full Name (Last, First, Middle Initial)

Mailing Address: **717 Mulberry**

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

Date of Receipt: **10/07/2016**

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

Amount of Each Receipt this Period: **1500**

Name of Employer: **EMC Insurance Companies** Occupation: **Executive Vice President**

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

Aggregate Year-to-Date: **30000**

**B. Davis, Timothy J**

Full Name (Last, First, Middle Initial)

Mailing Address: **5826 Executive Dr**

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

Date of Receipt: **10/07/2016**

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

Amount of Each Receipt this Period: **1500**

Name of Employer: **EMC Insurance Companies** Occupation: **Admin. Services Manager**

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

Aggregate Year-to-Date: **30000**

**C. DeHart, Ben**

Full Name (Last, First, Middle Initial)

Mailing Address: **7300 W. 110<sup>th</sup> St, Suite 300**

City: **Overland Park** State: **KS** Zip Code: **66210**

Date of Receipt: **10/07/2016**

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

Amount of Each Receipt this Period: **1500**

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

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

Aggregate Year-to-Date: **30000**

SUBTOTAL of Receipts This Page (optional) **4500**

TOTAL This Period (last page this line number only) **4500**

NON-FEDERAL CONTRIBUTIONS

**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 **7**

<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"/>

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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) **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**

Aggregate Year-to-Date **29,750**

Date of Receipt **10/07/2016**

Amount of Each Receipt this Period **-0-**

B. Full Name (Last, First, Middle Initial) **Hand, Michael A.**

Mailing Address **7300 W 110th St, Suite 300**

City **Overland Park** State **KS** Zip Code **66210**

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

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

Receipt For:  Primary  General  Other (specify) **200.00**

Aggregate Year-to-Date **200.00**

Date of Receipt **10/07/2016**

Amount of Each Receipt this Period **10.00**

C. 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) **300.00**

Aggregate Year-to-Date **300.00**

Date of Receipt **10/07/2016**

Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional) **25.00**

TOTAL This Period (last page this line number only) **25.00**

2016-10-25 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 **3** OF **7**

<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) **Jean, Scott**

Mailing Address **717 Mulberry**

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

Date of Receipt **10/07/2016**

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

Amount of Each Receipt this Period **11.00**

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

Receipt For:  Primary  General  Other (specify) **Aggregate Year-to-Date** **220.00**

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

Mailing Address **717 Mulberry**

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

Date of Receipt **10/07/2016**

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

Amount of Each Receipt this Period **76.92**

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

Receipt For:  Primary  General  Other (specify) **Aggregate Year-to-Date** **1538.40**

C. Full Name (Last, First, Middle Initial) **Loftus, Michael T**

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

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

Date of Receipt **10/07/2016**

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

Amount of Each Receipt this Period **300.00**

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

Receipt For:  Primary  General  Other (specify) **Aggregate Year-to-Date** **300.00**

SUBTOTAL of Receipts This Page (optional) **102.92**

TOTAL This Period (last page this line number only)

2016-10-07 10:00 AM

**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 <b>4</b> OF <b>7</b>
	<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. Lovell, Mick**

Full Name (Last, First, Middle Initial)

Mailing Address: **717 Mulberry**

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

Date of Receipt: **10/07/2016**

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

Amount of Each Receipt this Period: **10.00**

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **200.00**

**B. Lucca, Philip R**

Full Name (Last, First, Middle Initial)

Mailing Address: **116455 W. Bluemound Rd**

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

Date of Receipt: **10/07/2016**

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

Amount of Each Receipt this Period: **10.00**

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **200.00**

**C. McClusky, Mark R.**

Full Name (Last, First, Middle Initial)

Mailing Address: **116455 W. Bluemound Road**

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

Date of Receipt: **10/07/2016**

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

Amount of Each Receipt this Period: **15.00**

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **300.00**

SUBTOTAL of Receipts This Page (optional) ..... **3500**

TOTAL This Period (last page this line number only) ..... **3500**

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)

<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	

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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 ▼  
**210.00**

Date of Receipt


Amount of Each Receipt this Period

<b>-0-</b>
------------

B. 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 ▼  
**300.00**

Date of Receipt

<b>10</b>	<b>07</b>	<b>2016</b>
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Amount of Each Receipt this Period

<b>1500</b>
-------------

C. 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 ▼  
**400.00**

Date of Receipt

<b>10</b>	<b>07</b>	<b>2016</b>
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Amount of Each Receipt this Period

<b>2000</b>
-------------

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

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

<b>3500</b>
-------------

NOT TO BE COMPLETED

**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 <b>6</b> OF <b>7</b>
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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) **Schwab, Lonnie**

Mailing Address **11020 David Taylor Drive, Suite 205**

City **Charlotte** State **NC** Zip Code **28262**

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 ▼ **200.00**

Date of Receipt **10 / 07 / 2016**

Amount of Each Receipt this Period **10.00**

B. Full Name (Last, First, Middle Initial) **Sederburg, Kelvin**

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 **Vice President**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **10 / 07 / 2016**

Amount of Each Receipt this Period **10.00**

C. Full Name (Last, First, Middle Initial) **Ternes, Marilyn**

Mailing Address **1939 E Interstate Avenue**

City **Bismarck** State **ND** Zip Code **58503-0565**

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 ▼ **200.00**

Date of Receipt **10 / 07 / 2016**

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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

2016-10-07 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: (check only one)	PAGE <u>7</u> OF <u>7</u>
	<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. Full Name (Last, First, Middle Initial)  
**Young, David R.**

Mailing Address  
**16455 Bluemand 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 ▼ **300.00**

Date of Receipt  
**10 / 07 / 2016**

Amount of Each Receipt this Period  
**150.00**

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 ▼ **300.00**

Date of Receipt  
**10 / 07 / 2016**

Amount of Each Receipt this Period  
**150.00**

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 ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... ▶ **300.00**

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