

EMC
Insurance Companies

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

RECEIVED

COMMITTEE FOR RESPONSIBLE FEDERAL GOVERNMENT 2012 JUN 16 PM 12:08

FEC MAIL CENTER

July 11, 2013

Multi-Candidate Committee

FEDERAL ELECTION COMMISSION
999 E ST NW
WASHINGTON DC 20463

Re: FEC Form 3X

Enclosed are the following reports for January 1, 2013 through June 30, 2013:

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

13031090952

**FEC
FORM 3X**

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

RECEIVED
Office Use Only

2013 JUL 16 PM 12:08
12 FEB 4 15
FEC MAIL CENTER

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

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 ▲

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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 01 01 2013 through 00 30 2013

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 2013

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

13031090953

**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:

01 01 2013

To:

01 30 2013

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2013

71679.08

(b) Cash on Hand at
Beginning of Reporting Period.....

71679.08

(c) Total Receipts (from Line 19).....

11410.47

11410.47

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

19095.55

19095.55

7. Total Disbursements (from Line 31).....

10000.00

10000.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

9095.55

9095.55

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

13031090954

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:

01 01 2013

To:

01 30 2013

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).....

1,487.40

1,487.40

(ii) Unitemized

99,290.1

99,290.1

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

114,104.7

114,104.7

(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).....▶

114,104.7

114,104.7

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)).....▶

114,104.7

114,104.7

20. Total Federal Receipts

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

114,104.7

114,104.7

13031090955

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

13031090956

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	10,000.00	10,000.00
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)) ..	10,000.00	10,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10,000.00	10,000.00

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)
- 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)

11,410.47
11,410.47
- 0 -

11,410.47
11,410.47
- 0 -

13031090957

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

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
227.50

Bi-weekly @ \$17.50 per pay period for 2 periods.

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

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 **EXEC. CEO**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date**
999.90

payroll deductions -
Date of Receipt
VARIOUS

Amount of Each Receipt this Period
999.90

Bi-weekly @ \$70.92 per pay period for 2 periods.

C. Full Name (Last, First, Middle Initial)
Prindville, Dennis J.

Mailing Address
10352 S Jackson Gap Ct

City **Aurora** State **CO** Zip Code **80010**

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**
2100.00

payroll deductions -
Date of Receipt
VARIOUS

Amount of Each Receipt this Period
2100.00

Bi-weekly @ \$20.00 per pay period for 2 periods.

SUBTOTAL of Receipts This Page (optional) **1487.40**

TOTAL This Period (last page this line number only) **1487.40**

1303109058

**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) **Employer's Mutual Casualty Co. Political Action Committee for Responsible Federal Government**

Full Name (Last, First, Middle Initial)

A. **PCI PAC**

Mailing Address

21000 South River Road

City

DES PLAINES

State

IL

Zip Code

100018-3280

Purpose of Disbursement

Political Contributions

Candidate Name

0.1.1

Category/Type

Date of Disbursement

01 / 28 / 2013

Amount of Each Disbursement this Period

5000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **NAMIC PAC**

Mailing Address

122 C Street NW Suite 540

City

Washington DC

State

20001

Zip Code

Purpose of Disbursement

Political Contributions

Candidate Name

0.1.1

Category/Type

Date of Disbursement

05 / 13 / 2013

Amount of Each Disbursement this Period

5000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

10,000.00

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

10,000.00

13031090959

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.

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<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) 7/11/17
<input type="checkbox"/> USPS Priority Mail	Postmarked
<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
Jm W PREPARER (7/2013)	7/16/17 DATE PREPARED

(7/2013)