

**FEC  
FORM 3X**

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

RECEIVED  
2011 FEB -1 PM 12:06  
FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Farmers Mutual Hail Insurance Company of Iowa  
Political Action Committee

ADDRESS (number and street) 6785 Westown Parkway  
West Des Moines IA 50266-7727

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00117614

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 MM / DD / YYYY in the State of XX

(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of XX

5. Covering Period 11 / 23 / 2010 through 12 / 31 / 2010

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 SCOTT McENTEE

Signature of Treasurer 

Date 01 / 31 / 2011

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

11030562053

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

Report Covering the Period: From:

**1 1 / 2 3 / 2 0 1 0**

To:

**1 2 / 3 1 / 2 0 1 0**

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <b>2 0 1 0</b>		<b>4 2 9 1 7 9 4</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>4 6 2 7 5 3 3</b>	
(c) Total Receipts (from Line 19) .....	<b>1 1 6 3 6 6</b>	<b>1 5 1 8 6 0 5</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<b>4 7 4 3 8 9 9</b>	<b>5 8 1 0 3 9 9</b>
7. Total Disbursements (from Line 31) .....	<b>0</b>	<b>1 0 6 6 5 0 0</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>4 7 4 3 8 9 9</b>	<b>4 7 4 3 8 9 9</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



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

11030562054

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

Report Covering the Period: From:

11 / 23 / 2010

To:

12 / 31 / 2010

**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).....

8 6 3 6 4

9 3 4 0 9 3

(ii) Unitemized.....

2 9 9 4 0

5 8 4 3 1 9

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

1 1 6 3 0 4

1 5 1 8 4 1 2

(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).....▶

1 1 6 3 0 4

1 5 1 8 4 1 2

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.).....

6 2

1 9 3

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)).....▶

1 1 6 3 6 6

1 5 1 8 6 0 5

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

1 1 6 3 6 6

1 5 1 8 6 0 5

11030562055

**DETAILED SUMMARY PAGE**  
of Disbursements

11030562056

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 .....		6 5 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		6 5 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0 0	1 0 5 0 0 0 0
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 .....	0 0	1 0 0 0 0
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 0	1 0 6 6 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0 0	1 0 6 6 5 0 0

**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) .....	1 1 6 3 0 4	1 5 1 8 4 1 2
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)) .....		6 5 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		6 5 0 0

11030562057

**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 6  
(check only one)

11a  11b  11c  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)  
**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Rutledge, Ronald P.**

Date of Receipt  
**Payroll Deduction**

Mailing Address  
**240 Linden Drive**

City State Zip Code  
**Waukee Iowa 5**

Amount of Each Receipt this Period  
**1 0 8 8 6**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation  
**Farmers Mutual Hail Ins. Co. V.P. CIO**

Receipt For:  Primary  General  
 Other (specify) **Aggregate Year-to-Date**  
**1 3 0 6 3 2**

B. Full Name (Last, First, Middle Initial) **Rutledge, Scott**

Date of Receipt  
**Payroll Deduction**

Mailing Address  
**1501 Buffalo Road**

City State Zip Code  
**West Des Moines Iowa 5026**

Amount of Each Receipt this Period  
**1 0 9 2 8**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation  
**Farmers Mutual Hail Ins. Co. Sr. VP Crop Hail Dept.**

Receipt For:  Primary  General  
 Other (specify) **Aggregate Year-to-Date**  
**1 3 1 1 3 6**

C. Full Name (Last, First, Middle Initial) **Rutledge, Steven C.**

Date of Receipt  
**Payroll Deduction**

Mailing Address  
**3421 Briar Ridge**

City State Zip Code  
**West Des Moines Iowa 50265**

Amount of Each Receipt this Period  
**1 3 6 5 6**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation  
**Farmers Mutual Hail Ins. Co. President & CEO**

Receipt For:  Primary  General  
 Other (specify) **Aggregate Year-to-Date**  
**1 6 3 8 7 2**

**SUBTOTAL** of Receipts This Page (optional)..... **3 5 4 7 0**

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

11030562053

**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 6

(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)  
**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

**A.** Full Name (Last, First, Middle Initial) **Pfannebecker, Michael L.**

Mailing Address  
**1410 Rosenkranz Drive**

City **Waukee** State **Iowa** Zip Code **50263**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Asst. VP, MPCl Dept.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3 8 1 4 8**

Date of Receipt  
**Payroll Deduction**

Amount of Each Receipt this Period  
**2 6 5 4**

**B.** Full Name (Last, First, Middle Initial) **Roggenburg, Darin L.**

Mailing Address  
**2035 134th Street**

City **Clive** State **Iowa** Zip Code **50325**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **CFO & Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **9 9 9 6 0**

Date of Receipt  
**Payroll Deduction**

Amount of Each Receipt this Period  
**8 3 3 0**

**C.** Full Name (Last, First, Middle Initial) **Rutledge, Shannon**

Mailing Address  
**2273 NE 88th Street**

City **Altoona** State **IA** Zip Code **50009**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Assist. VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4 0 6 5 6**

Date of Receipt  
**Payroll Deduction**

Amount of Each Receipt this Period  
**3 3 8 8**

**SUBTOTAL** of Receipts This Page (optional).....▶ **1 4 3 7 2**

**TOTAL** This Period (last page this line number only).....▶ **1 4 3 7 2**

11030562059

**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 6

(check only one)

<input 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)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

**A.** Full Name (Last, First, Middle Initial) **Ewart, Larry E.**

Date of Receipt  
**Payroll Deduction**

Mailing Address  
**15188 Bryn Mawr**

City **Clive** State **Iowa** Zip Code **50325**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period  
**5 8 3 6**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP, Claims**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**7 0 0 3 2**

**B.** Full Name (Last, First, Middle Initial) **Meek, Gregory L.**

Date of Receipt  
**Payroll Deduction**

Mailing Address  
**9403 Oakwood Drive**

City **Urbandale** State **Iowa** Zip Code **50322**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period  
**1 1 5 8 6**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Sr. VP, MPC I Dept.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 3 9 0 3 2**

**C.** Full Name (Last, First, Middle Initial) **Larry Casey**

Date of Receipt  
**Payroll Deduction**

Mailing Address  
**1553 5th Avenue, SW**

City **Altoona** State **IA** Zip Code **50008**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period  
**3 0 1 6**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **CFO & Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 6 1 9 2**

**SUBTOTAL** of Receipts This Page (optional).....▶ **2 0 4 3 8**

**TOTAL** This Period (last page this line number only).....▶ **2 0 4 3 8**

11030562060

**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 6  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

**A.** Full Name (Last, First, Middle Initial) **Kevin Johnson**

Date of Receipt

Mailing Address **1783 Maple Court**

City **Winterset** State **Iowa** Zip Code **50273**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP, Sales Dept.**

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3 6 2 6 4**

Payroll Deduction

Amount of Each Receipt this Period **3 0 2 2**

**B.** Full Name (Last, First, Middle Initial) **Grant Krohn**

Date of Receipt

Mailing Address **26818 "N" Avenue**

City **Adel** State **Iowa** Zip Code **50003**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP, MPC I Dept.**

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2 4 5 5 2**

Payroll Deduction

Amount of Each Receipt this Period **2 0 4 6**

**C.** Full Name (Last, First, Middle Initial) **Cindy Anderson**

Date of Receipt

Mailing Address **15934 Rosewood Court**

City **Clive, IA.** State **IA.** Zip Code **50325**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Asst VP Compliance**

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2 1 9 6 0**

Payroll Deduction

Amount of Each Receipt this Period **1 8 3 0**

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

**6 8 9 8**

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

11030562061

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 6  
(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)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) **Charles Boster**

Date of Receipt

Payroll Deduction

Mailing Address  
Rt 10, 4555 W. East Ridge Rd

City State Zip Code  
Columbia, MO 65202

Amount of Each Receipt this Period

1 6 6 8

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation  
Farmers Mutual Hail Ins. Co. State Supervisor

Receipt For:  Primary  General  
 Other (specify)  Aggregate Year-to-Date **2 0 0 1 6**

Full Name (Last, First, Middle Initial) **Robert Dammen**

Date of Receipt

Payroll Deduction

Mailing Address  
737 Cambridge Drive

City State Zip Code  
Janesville, WI 53548

Amount of Each Receipt this Period

1 9 9 8

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation  
Farmers Mutual Hail Ins. Co. State Supervisor

Receipt For:  Primary  General  
 Other (specify)  Aggregate Year-to-Date **2 3 9 7 6**

Full Name (Last, First, Middle Initial) **Constana Doud**

Date of Receipt

Payroll Deduction

Mailing Address  
52 Pond View Circler

City State Zip Code  
Des Moines, IA 50317

Amount of Each Receipt this Period

1 7 9 4

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation  
Farmers Mutual Hail Ins. Co. Analyst

Receipt For:  Primary  General  
 Other (specify)  Aggregate Year-to-Date **2 1 5 2 8**

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

5 4 6 0

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

11030562062

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 6  
(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)  
**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

**A.** Full Name (Last, First, Middle Initial) **Myron Hall**

Date of Receipt  
MM / DD / YYYY  
**Payroll Deduction**

Mailing Address  
**4102 NE 48th Street**

City **Des Moines, IA 50317** State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Software Devel Manager**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2 1 5 2 8**

Amount of Each Receipt this Period **1 7 9 4**

**B.** Full Name (Last, First, Middle Initial) **Bryant Tjeerdsma**

Date of Receipt  
MM / DD / YYYY  
**Payroll Deduction**

Mailing Address  
**8855 Kingman Drive**

City **West Des Moines, IA 50266** State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Asst VP Underwriting**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2 3 1 8 4**

Amount of Each Receipt this Period **1 9 3 2**

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

Date of Receipt  
MM / DD / YYYY

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3 7 2 6**

**TOTAL** This Period (last page this line number only)..... ▶ **8 6 3 6 4**

11030562063

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 Postmarked

USPS Registered/Certified Postmarked (R/C)  
1/27/11

USPS Priority Mail Postmarked  
 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

*Ima*  
 PREPARER

*2/1/11*  
 DATE PREPARED

11030562064