

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2008 JUL 15 PM 3:32  
Office Use Only

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

12FE4M5

Farmer's Mutual Hail Insurance Company of Iowa  
Political Action Committee

ADDRESS (number and street)

6785 Westown Parkway  
West Des Moines IA 50267-7727

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00117614

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

07 / 01 / 2008 through 06 / 30 / 2008

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

Oscar Deardorff

Signature of Treasurer

*Oscar Deardorff*

Date

07 / 19 / 2008

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

28039780104

**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:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2008"/>		<input type="text" value="44,030.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43,624.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2,800.7"/>	<input type="text" value="8,106.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="46,425.32"/>	<input type="text" value="52,136.32"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="2,000.00"/>	<input type="text" value="7,711.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="44,425.32"/>	<input type="text" value="44,425.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

28039780105

**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: **09' 01' 2008** To: **06' 30' 2008**

**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).....

**89,028**

**24,971.6**

(ii) Unitemized .....

**176,238**

**52,368.7**

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

(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) .....

**265,266**

**77,340.3**

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.).....

**14,821**

**372.03**

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)).....▶

**280,087**

**81,060.6**

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

**280,087**

**81,060.6**

28039780106

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0	411.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	411.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20.00.00	73.00.00
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))..	2000.00	7300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	7300.00

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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) .....	2652.66	7734.03
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2652.66	7734.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	411.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	411.00

28039780108

**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	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"/> 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)  
*Farmers Mutual Hail Insurance Company of Iowa Political Action Committee*

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

Mailing Address  
*9403 Oakwood Drive*

City *Des Moines* State *IA* Zip Code *50322*

FEC ID number of contributing federal political committee.  
*C00117614*

Name of Employer  
*Farmers Mutual Hail Ins. Co.* Occupation  
*Senior Vice President, Multi Peril*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date  
*442.08*

Date of Receipt  
*Payroll Deduction*

Amount of Each Receipt this Period  
*221.04*

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

Mailing Address  
*240 Linden Drive*

City *Waukee* State *IA* Zip Code *50263*

FEC ID number of contributing federal political committee.  
*C00117614*

Name of Employer  
*Farmers Mutual Hail Ins. Co.* Occupation  
*Vice President, Chief Information Off.*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date  
*3847.2*

Date of Receipt  
*Payroll Deduction*

Amount of Each Receipt this Period  
*192.36*

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

Mailing Address  
*1501 Buffalo Road*

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

FEC ID number of contributing federal political committee.  
*C00117614*

Name of Employer  
*Farmers Mutual Hail Ins. Co.* Occupation  
*Senior Vice President & Secretary*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date  
*413.76*

Date of Receipt  
*Payroll Deduction*

Amount of Each Receipt this Period  
*206.88*

SUBTOTAL of Receipts This Page (optional)..... *620.28*

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

28039780109

**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>2</b> OF <b>2</b>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
*Rutledge, Steven, C.*

Mailing Address  
*3421 Briar Ride*

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

FEC ID number of contributing federal political committee. **C** *00117614*

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*540.00*

Date of Receipt  
**Payroll Deduction**

Amount of Each Receipt this Period  
*270.00*

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**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 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)..... *270.00*

**TOTAL** This Period (last page this line number only)..... *890.28*

28039780110

**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)

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

Full Name (Last, First, Middle Initial)

**A.** *Boswell for Congress*

Mailing Address  
*P.O. Box 6220*

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

Purpose of Disbursement  
*Contribution*

Candidate Name  
*Leonard Boswell*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *IA* District: *3rd*

Date of Disbursement

*04 / 24 / 2008*

Amount of Each Disbursement this Period

*1,000.00*

**B.** *Bob Etheridge For Congress*

Mailing Address  
*P.O. Box 28001*

City: *Raleigh* State: *NC* Zip Code: *27611*

Purpose of Disbursement  
*Contribution*

Candidate Name  
*Bob Etheridge*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *NC* District: *2nd*

Date of Disbursement

*05 / 19 / 2008*

Amount of Each Disbursement this Period

*1,000.00*

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State District

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

*2,000.00*

28039780111

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
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/14/08</i>
Next Business Day Delivery <input checked="" 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

*JD*

PREPARER  
(3/2005)

*7/15/08*

DATE PREPARED

28039780112