

**FEC
FORM 3X**

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

RECEIVED

2014 JUL 21 AM 11:13

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

Check if different than previously reported. (ACC)

West Des Moines IA 50266-7727

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)
- 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)
- Convention (12C)
- Election on / / in the State of
- General (12G)
- Special (12S)
- Runoff (12R)

(d) 30-Day POST-Election Report for the:

- General (30G)
- Election on / / in the State of
- Runoff (30R)
- Special (30S)

5. Covering Period:

04 / 01 / 2014 through 06 / 30 / 2014

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 MCENTERE

Signature of Treasurer

[Handwritten Signature]

Date

07 / 09 / 2014

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

1204177-2146

**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:

MM	DD	YYYY
04	01	2014

 To:

MM	DD	YYYY
06	30	2014

1403037-2147

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td><td>MM</td><td>DD</td></tr><tr><td>2014</td><td></td><td></td></tr></table>	YYYY	MM	DD	2014			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4977178</td></tr></table>	4977178	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4977178</td></tr></table>	4977178
YYYY	MM	DD								
2014										
4977178										
4977178										
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4886403</td></tr></table>	4886403								
4886403										
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>300756</td></tr></table>	300756	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>766481</td></tr></table>	766481						
300756										
766481										
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5187159</td></tr></table>	5187159	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5743659</td></tr></table>	5743659						
5187159										
5743659										
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>225000</td></tr></table>	225000	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>781500</td></tr></table>	781500						
225000										
781500										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4962159</td></tr></table>	4962159	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4962159</td></tr></table>	4962159						
4962159										
4962159										
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td></tr></table>									
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td></tr></table>									

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

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2014

To:

MM / DD / YYYY
06 / 30 / 2014

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 4 4 6 3 0

3 6 7 2 6 9

(ii) Unitemized.....

1 5 6 1 2 6

3 9 9 2 1 2

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

3 0 0 7 5 6

7 6 6 4 8 1

(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).....▶

3 0 0 7 5 6

7 6 6 4 8 1

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)).....▶

3 0 0 7 5 6

7 6 6 4 8 1

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

3 0 0 7 5 6

7 6 6 4 8 1

130041-127-2148

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		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.....	2 0 0 0 0 0	6 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	2 5 0 0 0	1 2 5 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))..	2 2 5 0 0 0	7 8 1 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2 2 5 0 0 0	7 8 1 5 0 0

14001127-2149

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	3 0 0 7 5 6	7 6 6 4 8 1
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

1403 - 127 - 2150

**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 4							
<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

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.**

Mailing Address
240 Linden 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 **President FMH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 9 4 5 2

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
2 4 7 2 6

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

Mailing Address
2035 134th Street

City **Clive, Iowa** 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 FMH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 6 4 2 0

Date of Receipt

Amount of Each Receipt this Period
1 8 1 2 0

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

Mailing Address
2273 NE 88th Street

City **Altoona, Iowa** State **Iowa** 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 **SVP FMH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 2 2 6 4

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
1 6 6 5 6

SUBTOTAL of Receipts This Page (optional)..... **5 9 5 0 2**

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

140301137-2151

**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 4

(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)

Faga, Patrick

Mailing Address

735 Roosevelt Street

City

State

Zip Code

Story City, Iowa 50248

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

SVP FMH

Receipt For:

 Primary

 General

 Other (specify)

Aggregate Year-to-Date

3 8 1 0 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

1 4 7 0 0

Full Name (Last, First, Middle Initial)

Ladehoff, Debbie

Mailing Address

2676 Brookview LN

City

State

Zip Code

Van Metter, IA 50261

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

AVP Training and Devel

Receipt For:

 Primary

 General

 Other (specify)

Aggregate Year-to-Date

3 0 0 0 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Johnson, Kevin

Mailing Address

1783 Maple Ct

City

State

Zip Code

Winterset, IA. 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

Receipt For:

 Primary

 General

 Other (specify)

Aggregate Year-to-Date

2 7 0 0 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

1 1 8 2 6

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

2 6 5 2 6

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

14020117-2152

**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 4
(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

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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**

Mailing Address
15188 Bryn Mawr

City **Clive, IA** State 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 **VP Claims**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2 8 9 5 1**

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
1 2 1 8 6

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

Mailing Address
26818 N Avenue

City **Adel, IA** State 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 **Asst VP Quality Control**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2 3 5 2 2**

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
1 0 3 9 8

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

Mailing Address
8935 Lyndhurst

City **Johnson, IA** State Zip Code **50131**

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 Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2 0 9 5 4**

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
9 0 1 8

SUBTOTAL of Receipts This Page (optional).....▶ **3 1 6 0 2**

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

**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 4 OF 4
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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) **Fischer, Steve**

Mailing Address
603 13th St. SE

City State Zip Code
Altoona, IA. 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 **VP HR**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **3 0 6 0 0**

Date of Receipt
 M M / D D / Y Y Y Y Y Y Y Y
Payroll Deduction

Amount of Each Receipt this Period
1 2 0 0 0

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

Mailing Address
813 Edgewater Drive

City State Zip Code
Polk City, IA 50226

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 **R&D Analyst**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **3 0 0 0 0**

Date of Receipt
 M M / D D / Y Y Y Y Y Y Y Y
Payroll Deduction

Amount of Each Receipt this Period
1 5 0 0 0

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

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 **Farmers Mutual Hail Ins. Co.** Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y Y Y
Payroll Deduction

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **2 7 0 0 0**

TOTAL This Period (last page this line number only)..... **1 4 4 6 3 0**

127 - 2154

**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

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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)

A. Property Casualty Insurers PAC

Mailing Address
2600 South River Road

City State Zip Code
Des Plaines, IL 60018-3286

Purpose of Disbursement
Contribution

0 1 1
Category/
Type

Candidate Name

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

Date of Disbursement

0 5 / 1 6 / 2 0 1 4

Amount of Each Disbursement this Period

2 0 0 0 0 0

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

0 / /

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

0 1 1
Category/
Type

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).....▶

2 0 0 0 0 0

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

2 0 0 0 0 0

FORM 1287-2-11-04

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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.

Adam Gregg For Iowa

Mailing Address
5433 NW 91st Street

City State Zip Code
Johnston, IA. 50131

Purpose of Disbursement
Contribution

Candidate Name
Adam Gregg

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Amount of Each Disbursement this Period

25000

011

Category/
Type

Full Name (Last, First, Middle Initial)

B.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

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

MM / DD / YYYY

Amount of Each Disbursement this Period

011

Category/
Type

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

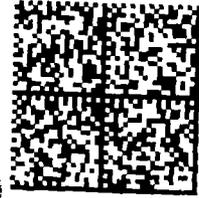
25000

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

25000



Farmers Mutual Hail
Insurance Company of Iowa
6785 Westown Parkway | West Des Moines, Iowa 50266



CPU U.S. POSTAGE
PB 1P 000 \$ 6.700
1127589 MAILED JUL 10 2014
FCML 50263

RECEIVED

2015 JUL 21 AM 11:13
FEDERAL MAIL CENTER

Federal Election Commission
999 E. STREET, NW
Washington, DC 20463

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
7/10/14

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express 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


 PREPARER
 (8/2013)

7/21/14
 DATE PREPARED

FEDERAL ELECTION COMMISSION