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FEC MAIL CENTER

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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 50266-1727

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 0 0 1 1 7 6 1 4

3. IS THIS REPORT NEW AMENDED (N) OR (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)

Table with columns for report due dates: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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

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

Election on 11/02/2010 in the State of IA

5. Covering Period 09/30/2010 through 11/22/2010

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 Oscar L. Deardorff

Signature of Treasurer [Handwritten Signature]

Date 12/01/2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 8 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

1003051173

**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: ^M0 ^M9 / ^D3 ^D0 / ^Y2 ^Y0 ^Y1 ^Y0 To: ^M1 ^M1 / ^D2 ^D2 / ^Y2 ^Y0 ^Y1 ^Y0

1003051174

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^Y 2 ^Y 0 ^Y 1 ^Y 0		, 4 2, 9 1 7. 9 4
(b) Cash on Hand at Beginning of Reporting Period.....	, 4 5, 1 1 1. 8 1	
(c) Total Receipts (from Line 19)	, 1, 1 6 3. 5 2	, 1 4, 0 2 2. 3 9
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 4 6, 2 7 5. 3 3	, 5 6, 9 3 9. 3 3
7. Total Disbursements (from Line 31).....	, , 0	, 1 0, 6 6 5. 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 4 6, 2 7 5. 3 3	, 4 6, 2 7 5. 3 3
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

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: ^M0 ^M9 / ^D3 ^D0 / ^Y2 ^Y0 ^Y1 ^Y0 To: ^M1 ^M1 / ^D2 ^D2 / ^Y2 ^Y0 ^Y1 ^Y0

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).....	, 7 5 3.4 8	, 8,4 7 7.2 9
(ii) Unitemized.....	, 4 0 9.5 6	, 5,5 4 3.7 9
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 1,1 6 3.0 4	, 1 4,0 2 1.0 8
(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 4,0 2 1.0 8
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.).....	, 4 8	, 1.3 1
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 3.5 2	, 1 4,0 2 2.3 9
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 1,1 6 3.5 2	, 1 4,0 2 2.3 9

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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	,	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

1003051176

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)	, 1,163.04	, 14,021.91
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))	, , .	, , 65.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	, , .	, , .
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, , .	, , 65.00

1003051177

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 240 Linden Drive		Payroll Deduction
City Waukee	State Zip Code Iowa 5	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 1 0 8 8 6
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation V.P. CIO	Aggregate Year-to-Date ▼ 1, 0 8 8, 6 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Rutledge, Scott		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 1501 Buffalo Road		Payroll Deduction
City West Des Moines	State Zip Code Iowa 5026	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 1 0 9 2 8
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Sr. VP Crop Hail Dept.	Aggregate Year-to-Date ▼ 1, 0 9 3, 2 8
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Rutledge, Steven C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 3421 Briar Ridge		Payroll Deduction
City West Des Moines	State Zip Code Iowa 50265	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 1 3 6 5 6
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation President & CEO	Aggregate Year-to-Date ▼ 1, 3 6 5, 6 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3 5 4 7 0
TOTAL This Period (last page this line number only).....▶	

1003051178

**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"/> 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 ▼
2 6 5 4 0

Date of Receipt
M M / D D / Y Y Y Y
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 ▼
8 3 3 0 0

Date of Receipt
M M / D D / Y Y Y Y
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 ▼
3 3 8 8 0

Date of Receipt
M M / D D / Y Y Y Y
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).....▶

1003051179

**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"/> 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)

Ewart, Larry E.

Date of Receipt

M M / D D / Y Y Y Y
Payroll Deduction

Mailing Address

15188 Bryn Mawr

City

Clive

State

Iowa

Zip Code

50325

Amount of Each Receipt this Period

5 8 3 6

FEC ID number of contributing federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employr

Farmers Mutual Hail Ins. Co.

Occupation

VP, Claims

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 8 3 6 0

Full Name (Last, First, Middle Initial)

Meek, Gregory L.

Date of Receipt

M M / D D / Y Y Y Y
Payroll Deduction

Mailing Address

9403 Oakwood Drive

City

Urbandale

State

Iowa

Zip Code

50322

Amount of Each Receipt this Period

1 1 5 8 6

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

Sr. VP, MPCl Dept.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 1 5 8 6 0

Full Name (Last, First, Middle Initial)

Larry Casey

Date of Receipt

M M / D D / Y Y Y Y
Payroll Deduction

Mailing Address

1553 5th Avenue, SW

City

Altoona

State

IA

Zip Code

50008

Amount of Each Receipt this Period

3 0 1 6

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 ▼

3 0 1 6 0

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

2 0 4 3 8

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

1003051180

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 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

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

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 0 2 2 0

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

Amount of Each Receipt this Period
3 0 2 2

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

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, MPCl Dept.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 4 6 9

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
2 0 4 6

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **5 0 6 8**

TOTAL This Period (last page this line number only)..... ▶ **7 5 3 4 8**

100305118

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/1/10
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 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


 PREPARER

12/6/10
 DATE PREPARED

10030511182