

**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:

M	M
1	0

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	1	4

 To:

M	M
1	1

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	1	4

	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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	Y	Y	Y	Y	2	0	1	4		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4</td><td>9</td><td>7</td><td>7</td><td>1</td><td>7</td><td>8</td></tr></table>	4	9	7	7	1	7	8
Y	Y	Y	Y														
2	0	1	4														
4	9	7	7	1	7	8											
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>0</td><td>6</td><td>2</td><td>9</td><td>1</td><td>5</td></tr></table>	5	0	6	2	9	1	5									
5	0	6	2	9	1	5											
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>0</td><td>2</td><td>5</td><td>2</td></tr></table>	1	0	0	2	5	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>6</td><td>7</td><td>4</td><td>8</td><td>9</td></tr></table>	1	1	6	7	4	8	9		
1	0	0	2	5	2												
1	1	6	7	4	8	9											
(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>5</td><td>1</td><td>6</td><td>3</td><td>1</td><td>6</td><td>7</td></tr></table>	5	1	6	3	1	6	7	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>1</td><td>4</td><td>4</td><td>6</td><td>6</td><td>7</td></tr></table>	6	1	4	4	6	6	7	
5	1	6	3	1	6	7											
6	1	4	4	6	6	7											
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	7	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>6</td><td>8</td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table>	1	6	8	1	5	0	0		
7	0	0	0	0	0												
1	6	8	1	5	0	0											
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>4</td><td>4</td><td>6</td><td>3</td><td>1</td><td>6</td><td>7</td></tr></table>	4	4	6	3	1	6	7	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4</td><td>4</td><td>6</td><td>3</td><td>1</td><td>6</td><td>7</td></tr></table>	4	4	6	3	1	6	7	
4	4	6	3	1	6	7											
4	4	6	3	1	6	7											
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><td> </td><td> </td><td> </td><td> </td><td> </td><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><td> </td><td> </td><td> </td><td> </td><td> </td><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 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.....	7 0 0 0 0 0	1 4 0 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 7 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)) ..	7 0 0 0 0 0	1 6 8 1 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7 0 0 0 0 0	1 6 8 1 5 0 0

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 7
(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			

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
Payroll Deduction									

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 ▼
8 2 4 2 0

Amount of Each Receipt this Period
8 2 4 2

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

Date of Receipt

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

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 ▼
7 0 5 8 0

Amount of Each Receipt this Period
6 0 4 0

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

Date of Receipt

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

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 ▼
6 4 4 7 2

Amount of Each Receipt this Period
5 5 5 2

SUBTOTAL of Receipts This Page (optional).....▶ **1 9 8 3 4**

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 3 OF 7

<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

Full Name (Last, First, Middle Initial)

Ewart, Larry

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Mailing Address

15188 Bryn Mawr

City

Clive, IA. 50325

State

Zip Code

Amount of Each Receipt this Period

4 0 6 2

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 ▼

4 5 1 9 9

Full Name (Last, First, Middle Initial)

Krohn, Grant E.

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Mailing Address

26818 N Avenue

City

Adel, IA 50003

State

Zip Code

Amount of Each Receipt this Period

3 4 6 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

Asst VP Quality Control

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 7 3 8 6

Full Name (Last, First, Middle Initial)

Liljedahl, Ken

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Mailing Address

8935 Lyndhurst

City

Johnson, IA 50131

State

Zip Code

Amount of Each Receipt this Period

3 0 0 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

VP Operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 2 9 7 8

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

1 0 5 3 4

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 7

<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) **Fischer, Steve**

Date of Receipt

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

Amount of Each Receipt this Period

								4	0	0	0
--	--	--	--	--	--	--	--	---	---	---	---

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 Occupation
Farmers Mutual Hail Ins. Co. VP HR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
4 6 6 0 0

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

Date of Receipt

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

Amount of Each Receipt this Period

								5	0	0	0
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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 Occupation
Farmers Mutual Hail Ins. Co. R&D Analyst

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5 0 0 0 0

Full Name (Last, First, Middle Initial) **Anderson, Cindi M**

Date of Receipt

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

Amount of Each Receipt this Period

								2	0	1	6
--	--	--	--	--	--	--	--	---	---	---	---

Mailing Address
15934 Rosewood Ct

City State Zip Code
Clive, IA 50325

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. AVP Crop Ins Data Analyst

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2 2 1 5 0

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

								1	1	0	1	6
--	--	--	--	--	--	--	--	---	---	---	---	---

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

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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 5 OF 7

<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) **A. Doud, Constance S.**

Mailing Address
5200 Pond View Cir

City State Zip Code
Des Moines, IA 50317

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. Senior R&D Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 2 6 2 2

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

2 0 6 2

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

Mailing Address
8855 Kingman Dr

City State Zip Code
West Des Moines, IA 50266

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. AVP Crop Insurance Underwrite

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 5 9 7 2

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

2 3 8 2

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

Mailing Address
13934 Buena Vista Drive

City State Zip Code
Urbandale, IA 50323

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. Asst VP Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 0 8 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

1 8 3 0

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

6 2 7 4

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 6 OF 7

<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) **Dave Benes**

Date of Receipt

Payroll Deduction

Mailing Address
609 Meadowlark Drive

City State Zip Code
Grimes, IA 50111

Amount of Each Receipt this Period

1 9 2 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. State Suprv Iowa

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **2 1 1 0 8**

Full Name (Last, First, Middle Initial) **Nancy Bockleman**

Date of Receipt

Payroll Deduction

Mailing Address
6390 Beechtree Unit #1101

City State Zip Code
West Des Moines, IA 50266

Amount of Each Receipt this Period

1 8 3 0

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. Accounting Manager II

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **2 0 0 5 6**

Full Name (Last, First, Middle Initial) **Mryon Hall**

Date of Receipt

Payroll Deduction

Mailing Address
4102 NE 48th Street

City State Zip Code
Des Moines, IA. 50317

Amount of Each Receipt this Period

2 0 1 2

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. Software Developer III

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

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

5 7 6 6

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: PAGE 7 OF 7
(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) **Jeffery Hayes**

Mailing Address
14815 Goodman Court

City **Urbandale, IA** State Zip Code **50323**

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 **Application Admin III**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 2 1 7 8

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
2 2 7 6

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

Mailing Address
1525 Prairie Ridge Dr

City **Polk City, IA** State Zip Code **50266**

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 **Claims Analyst II**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 2 8 6

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
1 7 7 8

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

Mailing Address
17349 Berkshire Pkwy

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 **AVP - Claims**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 1 8 0 0

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
2 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **6 0 5 4**

TOTAL This Period (last page this line number only).....▶ **6 8 3 2 0**

**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. Kansas Ag Communities Coalition

Date of Disbursement: 10 / 21 / 2014

Mailing Address: 6031 SW 37th Street
City: Topeka, KS 66614

Purpose of Disbursement: Contribution (011)

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: 100000

B. Crop Insurance and Reinsurance Bureau

Date of Disbursement: 10 / 23 / 2014

Mailing Address: 440 First St NW, Suite 500
City: Washington, D.C. 20001

Purpose of Disbursement: Contribution (011)

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: 500000

C. Young for Iowa

Date of Disbursement: 10 / 16 / 2014

Mailing Address: P. O. Box 162
City: Van Meter, IA 50261

Purpose of Disbursement: Contribution (011)

Candidate Name: David Young

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: IA District: 3

Amount of Each Disbursement this Period: 100000

SUBTOTAL of Disbursements This Page (optional)..... 700000

TOTAL This Period (last page this line number only)..... 700000



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



7012 1640 0001 2958 0714

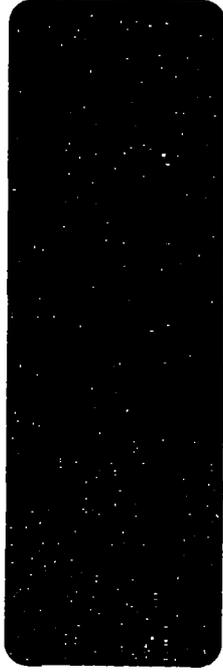
CPU

PB 1P 000
3661528
FCML

U.S. POSTAGE

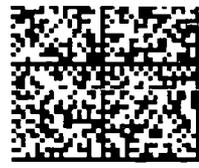
\$ 7.12⁰

MAILED
DEC 04 2014
50266



RECEIVED
2014 DEC 10 PM 12:31
650 MAIL

[Handwritten signature]



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)
12/4/14

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)

12/10/14
DATE PREPARED