

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2008 OCT 15 AM 11:19

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)

16785 Westown Parkway

Check if different than previously reported. (ACC)

West Des Moines IA 50266-7727

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)

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

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election Report for the:

Convention (12C)

Special (12S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the State of

MM / DD /

(d) 30-Day

POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the State of

MM / DD /

5. Covering Period

MM / DD / 07

MM / DD / 01

2008

through

MM / DD / 09

MM / DD / 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

MM / DD / 10

MM / DD / 14

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

28039862311

**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:

*07* / *01* / *2008*

To:

*09* / *30* / *2008*

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand January 1, <i>2008</i>	<i>44,030.26</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>44,425.32</i>
(c) Total Receipts (from Line 19) .....	<i>1,909.51</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<i>54,045.83</i>
7. Total Disbursements (from Line 31) .....	<i>12,561.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<i>41,484.83</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<i>None</i>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<i>None</i>



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:

*07* / *01* / *2008*

To:

*09* / *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).....

*1,194.66*

*3,691.82*

(ii) Unitemized .....

*573.78*

*5,810.65*

(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)..... ▶

*1,768.44*

*9,502.47*

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.).....

*141.07*

*513.10*

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))..... ▶

*1,909.51*

*10,015.57*

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

*1,909.51*

*10,015.57*

28039862313

**DETAILED SUMMARY PAGE**  
of Disbursements

28039862514

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.....	3,900.00	11,200.00
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 .....	950.00	950.00
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)) ..	4,850.00	12,561.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,850.00	12,561.00

**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) .....	17,684.44	9,502.47
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17,684.44	9,502.47
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) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	411.00

28039862315

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)		3	3
<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)  
*Casey, Larry, L.*

Mailing Address  
*1553 5th Avenue*

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

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

Name of Employer  
*Farmers Mutual Hail Ins. Co.* Occupation  
*Asst. V.P. Mgr. Programming Operations*

Receipt For:  
 Primary  General  
 Other (specify) *2381.4*

Date of Receipt  
*Payroll Deduction*

Amount of Each Receipt this Period  
*7938*

B. 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 V.P. Multi-Peril*

Receipt For:  
 Primary  General  
 Other (specify) *6631.2*

Date of Receipt  
*Payroll Deduction*

Amount of Each Receipt this Period  
*2210.4*

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

Mailing Address  
*1410 Rosenkranz*

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  
*Asst. V.P. Multi-peril*

Receipt For:  
 Primary  General  
 Other (specify) *2250.0*

Date of Receipt  
*Payroll Deduction*

Amount of Each Receipt this Period  
*7500*

SUBTOTAL of Receipts This Page (optional)..... *37542*

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

28039862316

**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 3  
(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*

Full Name (Last, First, Middle Initial)

A. *Roggenburg, Darin, L.*

Mailing Address

*709 NW Boulderbrook Drive*

City

*Ankeny*

State

*IA*

Zip Code

*50021*

FEC ID number of contributing federal political committee.

*C00117614*

Name of Employer

*Farmers Mutual Hail Ins. Co.*

Occupation

*V.P. Chief Financial Officer*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*45,000*

Date of Receipt

*Payroll Deduction*

Amount of Each Receipt this Period

*150.00*

Full Name (Last, First, Middle Initial)

B. *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

*V.P. Chief Information Officer*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*57,208*

Date of Receipt

*Payroll Deduction*

Amount of Each Receipt this Period

*192.36*

Full Name (Last, First, Middle Initial)

C. *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 V.P. & Secretary*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*62,064*

Date of Receipt

*Payroll Deduction*

Amount of Each Receipt this Period

*206.88*

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

*54,924*

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

28039862317

**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 **3**  
(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)  
*Rutledge, Steven, C.*

Mailing Address  
*3421 Briar Ridge*

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 ▼ *810.00*

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)..... ▶ *1,946.66*

28039862318

**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 2

<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*

**A.** *CIRB PAC*

Full Name (Last, First, Middle Initial): *CIRB PAC*

Mailing Address: *10800 Farley, Suite 330*

City: *Overland Park* State: *KS* Zip Code: *66210*

Purpose of Disbursement: *Contribution*

Candidate Name: *[Blank]* Category/Type: *011*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *[Blank]* District: *[Blank]*

Date of Disbursement: *07 / 29 / 2008*

Amount of Each Disbursement this Period: *2000.00*

**B.** *Latham for Congress*

Full Name (Last, First, Middle Initial): *Latham for Congress*

Mailing Address: *P.O. Box 71*

City: *Clarion* State: *IA* Zip Code: *50525*

Purpose of Disbursement: *Contribution*

Candidate Name: *Tom Latham* Category/Type: *011*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *IA* District: *4th*

Date of Disbursement: *07 / 29 / 2008*

Amount of Each Disbursement this Period: *600.00*

**C.** *King for Congress*

Full Name (Last, First, Middle Initial): *King for Congress*

Mailing Address: *400 First Street, SE, Suite 300*

City: *Washington* State: *DC* Zip Code: *20003*

Purpose of Disbursement: *Contribution*

Candidate Name: *Steve King* Category/Type: *011*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *IA* District: *5th*

Date of Disbursement: *07 / 29 / 2008*

Amount of Each Disbursement this Period: *300.00*

**SUBTOTAL** of Disbursements This Page (optional)..... *3,900.00*

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

28039862319

**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 2 OF 2

<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*

**A.** *Restore America PAC*

Full Name (Last, First, Middle Initial)

Mailing Address: *2436 SW Camelot Place*

City: *Topeka* State: *KS* Zip Code: *66614*

Purpose of Disbursement: *Contribution*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *OLL*

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: *09* / *10* / *2008*

Amount of Each Disbursement this Period: *5000.00*

**B.** *Peterson for Congress*

Full Name (Last, First, Middle Initial)

Mailing Address: *236 Massachusetts Ave. NW, Suite 508*

City: *Washington* State: *DC* Zip Code: *20002*

Purpose of Disbursement: *Contribution*

Candidate Name: *Collin Peterson*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *OLL*

State: *MN* District: *7th*

Date of Disbursement: *09* / *20* / *2008*

Amount of Each Disbursement this Period: *5000.00*

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *OLL*

State \_\_\_\_\_ District \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

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

*1,000.00*

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

*3,900.00*

28039862320

**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 2

<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

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NAME OF COMMITTEE (In Full)

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

**A.** *Iowa Insurance Institute Political Action Committee*

Mailing Address  
*505 5th Avenue, #729*

City *Des Moines*, State *IA* Zip Code *50309 50112*

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
*07* / *24* / *2008*

Amount of Each Disbursement this Period  
*400.00*

Category/Type  
*011*

**B.** *Iowa Industry Political Action Committee*

Mailing Address  
*904 Walnut Street, #100*

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

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
*07* / *24* / *2008*

Amount of Each Disbursement this Period  
*350.00*

Category/Type  
*011*

**C.** *Heil for Senate*

Mailing Address  
*1708 Robertson Drive*

City *Marshalltown*, State *IA* Zip Code *50158*

Purpose of Disbursement  
*Contribution*

Candidate Name  
*Jarret Heil*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *IA* District:

Date of Disbursement  
*07* / *24* / *2008*

Amount of Each Disbursement this Period  
*1,000.00*

Category/Type  
*011*

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

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

*850.00*

28039862321

**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 <b>2 OF 2</b>				
	<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 checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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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)  
*Kapucian for State Senate*

Mailing Address  
*1275 69th Street*

City  
*Keystone* State *IA* Zip Code *52249*

Purpose of Disbursement  
*Contribution*

Candidate Name  
*Tim Kapucian*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *IA* District:

Date of Disbursement  
*07 / 24 / 2008*

Amount of Each Disbursement this Period  
*10.00*

Category/Type  
*011*

**B.**

Full Name (Last, First, Middle Initial)

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

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

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

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... *100.00*

**TOTAL** This Period (last page this line number only)..... *950.00*

28039862322



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 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>10/14/08</i>
	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

*Jm*  
PREPARER

*10/15/08*  
DATE PREPARED

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