REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 11 12 19 PM '97

C00117614 060277 N 254
KEN FELTON
FARMERS MUTUAL HAIL INS CO OF
IOWA POLITICAL ACTION COMMITTE
2323 GRAND AVENUE
DES MOINES IA 50312

2. FEC IDENTIFICATION NUMBER

3. [x] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
(Qualified prior to January 1, 1994)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[X] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:

[ ] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] Sept 20	[ ] January 31

[ ] Twelfth day report preceding _____ election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of IOWA

(b) Is this Report an Amendment? [ ] Yes [X] No

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period January 1, 1997 through June 30, 1997		
6. (a)	Cash on Hand January 1, 1997		$ 24,857.11
(b)	Cash on Hand at Beginning of Reporting Period	$ 24,857.11	
(c)	Total Receipts (from Line 19)	$ 4,881.44	$ 4,881.44
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 29,738.55	$ 29,738.55
7.	Total Disbursements (from Line 30)	$ 3,505.11	$ 3,505.11
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 26,233.44	$ 26,233.44
9.	Debts and Obligations Owed TO the committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10.	Debts and Obligations Owed BY the committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Kenneth W. Felton

Signature of Treasurer: Kenneth W. Felton

Date: 07-09-97

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

FEC FORM 3X
(revised 8/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

REPORT COVERING PERIOD
FROM: January 1, 1997 TO: June 30, 1997

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons other Than Political Committees			
i. Itemized (use Schedule A)	2,077.14	2,077.14	11(a)(i)
ii. Unitemized	2,382.79	2,382.79	11(a)(ii)
iii. Total (add i and ii) >	4,459.93	4,459.93	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	4,459.93	4,459.93	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	421.51	421.51	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,881.44	4,881.44	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,881.44	4,881.44	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,250.00	3,250.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements (Federal Taxes)	255.11	255.11	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,505.11	3,505.11	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	3,505.11	3,505.11	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,459.93	4,459.93	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,459.93	4,459.93	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Oscar Deardorff 13884 Hawthorn Dr Clive, Iowa 50325 Receipt For: Primary General Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Administrative Executive Aggregate Year-to-Date > $300.00	01/02/97	300.00
Steve Rutledge 2223 Grand Ave #6 West Des Moines, Iowa 50265 Receipt For: Primary General Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Sr. VP Reinsurance Aggregate Year-to-Date > $270.00	payroll deduction	270.00 $45.00 Monthly
William A. Rutledge 6005 SW 16th. Place Des Moines, Iowa 50315 Receipt For: Primary General Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: President Aggregate Year-to-Date > $364.68	payroll deduction	364.68 $60.78 Monthly
Mike Rutledge 3505 SW 27th Des Moines, Iowa 50321-2622 Receipt For: Primary General Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Secretary Aggregate Year-to-Date > $259.20	payroll deduction	259.20 $43.20 Monthly
Ronald Rutledge 245 Corene Ave Waukee, Iowa 50263 Receipt For: Primary General Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Asst Treasurer Aggregate Year-to-Date > $203.58	payroll deduction	203.58 $33.93 Monthly
Scott Rutledge 2409 Walnut West Des Moines, Iowa 50265 Receipt For: Primary General Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Sr V.P. Crop Hail Aggregate Year-to-Date > $233.10	payroll deduction	233.10 $38.85 Monthly
Don Bevins 321-31st St. West Des Moines, Iowa 50265 Receipt For: Primary General Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Vice President - Crop Hail Sales Aggregate Year-to-Date > $227.28	payroll deduction	227.28 $37.88 Monthly

SUBTOTAL of Receipts This Page (optional)	1,857.84
TOTAL This Period (last page this line number only) >	1,857.84

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Greg Meek 9403 Oakwood Dr Des Moines, Iowa 50322 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Vice President - Crop Hail Claims Aggregate Year-to-Date > $219.30		219.30 $36.55 Monthly
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 219.30

TOTAL This Period (last page this line number only) ..... > 2,077.14

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBE 23

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
Citizens For Herkin P. O. Box 811 Des Moines, Iowa 50304	1997 Campaign Expenses Disbursement for: [ ] Primary [X] General [ ] Other (specify)	01/29/97	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Greg Ganske People for Ganske 521 E. Locust Des Moines, Iowa 50309	1997 Campaign Expenses Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/17/97	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
IIPAC(Iowa Industry Political Action Committee 904 Walnut Street - Suite 100 Des Moines, Iowa 50309-3503	IIPAC General Distribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	04/17/97	250.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
NAIIPAC 2600 River Road Des Plaines, Illinois 60018-3266	NAIIPAC General Distribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	06/11/97	2,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Receipts This Page (optional) ..... > 3,250.00

TOTAL This Period (last page this line number only) ..... > 3,250.00

4-00179

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7-8-97
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Jmw — PREPARER

7-11-97 — DATE PREPARED

FEC FORM 70-2 (12/92)