

**FEC
FORM 3X**

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

RECEIVED

2012 APR 18 AM 11:07
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

FEC MAIL CENTER
12 FEB 4 15

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 ▲

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)
- 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)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2012

through

MM / DD / YYYY

MM / DD / YYYY

2012

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 McENTEE

Signature of Treasurer

[Handwritten Signature]

Date

MM / DD / YYYY

MM / DD / YYYY

2012

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

12030784383

**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: / / To: / /

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="4945658"/>	<input type="text" value="4945658"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4945658"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="434918"/>	<input type="text" value="434918"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5380576"/>	<input type="text" value="5380576"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="256500"/>	<input type="text" value="256500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5124076"/>	<input type="text" value="5124076"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	



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

12030784384

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: **01 / 01 / 2012** To: **03 / 31 / 2012**

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 8 2 5 0

1 4 8 2 5 0

(ii) Unitemized.....

2 8 6 6 6 8

2 8 6 6 6 8

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

4 3 4 9 1 8

4 3 4 9 1 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).....

4 3 4 9 1 8

4 3 4 9 1 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.).....

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)).....

4 3 4 9 1 8

4 3 4 9 1 8

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

4 3 4 9 1 8

4 3 4 9 1 8

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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	6 5 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6 5 0 0	6 5 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2 5 0 0 0 0	2 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		
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 5 6 5 0 0	2 5 6 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2 5 6 5 0 0	2 5 6 5 0 0

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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)
- 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))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

4 3 4 9 1 8
4 3 4 9 1 8
6 5 0 0
6 5 0 0

4 3 4 9 1 8
4 3 4 9 1 8
6 5 0 0
6 5 0 0

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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: PAGE 1 OF 2
(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

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)

Rutledge, Ronald P.

Date of Receipt

MM/DD/YYYY
Payroll Deduction

Mailing Address

240 Linden Drive

City

Waukee

State

Iowa

Zip Code

50263

Amount of Each Receipt this Period

5 2 0 4 4

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 ▼

5 2 0 4 4

Full Name (Last, First, Middle Initial)

Roggenburg, Darin

Date of Receipt

MM/DD/YYYY
Payroll Deduction

Mailing Address

2035 134th Street

City

Clive, Iowa

State

Iowa

Zip Code

50325

Amount of Each Receipt this Period

3 7 7 2 0

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 ▼

3 7 7 2 0

Full Name (Last, First, Middle Initial)

Rutledge, Shannon

Date of Receipt

MM/DD/YYYY
Payroll Deduction

Mailing Address

2273 NE 88th Street

City

Altoona, Iowa

State

Iowa

Zip Code

50009

Amount of Each Receipt this Period

3 2 9 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

SVP FMH

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 2 9 8 6

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

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: PAGE 2 OF 2
(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

<p>A. Full Name (Last, First, Middle Initial) Faga, Patrick</p>		<p>Date of Receipt MM / DD / YYYY Payroll Deduction</p>
<p>Mailing Address 735 Roosevelt Street</p>		<p>Amount of Each Receipt this Period 2 5 5 0 0</p>
<p>City State Zip Code Story City, Iowa 50248</p>	<p>FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4</p>	
<p>Name of Employer Farmers Mutual Hail Ins. Co.</p>	<p>Occupation SVP FMH</p>	<p>Amount of Each Receipt this Period 2 5 5 0 0</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 2 5 5 0 0</p>	
<p>B. Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt MM / DD / YYYY Payroll Deduction</p>
<p>Mailing Address</p>		<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4</p>	
<p>Name of Employer Farmers Mutual Hail Ins. Co.</p>	<p>Occupation</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼</p>	
<p>C. Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt MM / DD / YYYY Payroll Deduction</p>
<p>Mailing Address</p>		<p>Amount of Each Receipt this Period</p>
<p>City State Zip Code</p>	<p>FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4</p>	
<p>Name of Employer Farmers Mutual Hail Ins. Co.</p>	<p>Occupation</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼</p>	
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		<p>1 4 8 2 5 0</p>
<p>TOTAL This Period (last page this line number only).....▶</p>		<p>1 4 8 2 5 0</p>

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**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

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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. Pat Roberts for U. S. Senate		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 11900 College Boulevard Suite 203		Amount of Each Disbursement this Period 250000
City Overland Park, Kansas	State 66210	
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Pat Roberts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	250000
TOTAL This Period (last page this line number only).....▶	250000

12030784390

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)
4/13/12

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail 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

Jmp

PREPARER

(3/2005)

4/18/12

DATE PREPARED

12030784391