

**FEC
FORM 3X**

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

RECEIVED
2012 DEC 10 PM 12:19
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

FEDERAL MAIL CENTER
12FE4M5

Farmers Mutual Hail Insurance Company of Iowa
Political Action Committee

ADDRESS (number and street) 6785 Westown Parkway
West Des Moines IA 50266-7727

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00117614

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 PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [] / [] / [] in the State of []

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

Election on 11 / 06 / 2012 in the State of IA

5. Covering Period 10 / 01 / 2012 through 11 / 26 / 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

Scott McEntee

Date

12 / 04 / 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							
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FEC FORM 3X
Rev. 12/2004

12030973384

**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:

1 0 / 0 1 / 2 0 1 2

To:

1 1 / 2 6 / 2 0 1 2

**COLUMN A
This Period**

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

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

12030973385

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: **10 / 01 / 2012** To: **11 / 26 / 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).....	5 6 5 2 4	6 2 4 2 8 4
(ii) Unitemized.....	4 4 1 6 2	5 3 0 1 9 2
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1 0 0 6 8 6	1 1 5 4 4 7 6
(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 0 0 6 8 6	1 1 5 4 4 7 6
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)).....▶	1 0 0 6 8 6	1 1 5 4 4 7 6
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1 0 0 6 8 6	1 1 5 4 4 7 6

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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
(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		1 3 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		3 7 5 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)) ..		1 3 4 4 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		1 3 4 4 0 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)	1 0 0 6 8 6	1 1 5 4 4 7 6
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))		6 5 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		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:
(check only one)

PAGE 1 OF 4

<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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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.

Mailing Address
240 Linden Drive

City State Zip Code
Waukee Iowa 50263

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. President FMH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 4 5 7 5 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

1 3 3 8 6

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

Mailing Address
2035 134th Street

City State Zip Code
Clive, Iowa 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. CFO FMH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 5 4 8 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

9 6 8 0

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

Mailing Address
2273 NE 88th Street

City State Zip Code
Altoona, Iowa 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. SVP FMH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9 2 6 8 2

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

8 5 2 8

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

3 1 5 9 4

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 2 OF 4

<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) Faga, Patrick		Date of Receipt Payroll Deduction
Mailing Address 735 Roosevelt Street		Amount of Each Receipt this Period 8 5 0 0
City Story City, Iowa 50248	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 8 5 0 0 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation SVP FMH	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8 5 0 0 0	

B. Full Name (Last, First, Middle Initial) Kevin Johnson		Date of Receipt Payroll Deduction
Mailing Address 1783 Maple Ct		Amount of Each Receipt this Period 3 2 2 8
City Winterset, IA. 50273	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 3 5 4 0 8
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 5 4 0 8	

C. Full Name (Last, First, Middle Initial) Larry Ewart		Date of Receipt Payroll Deduction
Mailing Address 15188 Bryn Mawr		Amount of Each Receipt this Period 3 1 4 2
City Clive, IA. 50325	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 3 4 4 3 8
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP Claims	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 4 4 3 8	

SUBTOTAL of Receipts This Page (optional).....▶	1 4 8 7 0
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 3 OF 4

<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) **Grant E. Krohn**

Date of Receipt

PAYROLL DEDUCTION

Mailing Address
26818 N Avenue

City State Zip Code
Adel, IA 50003

Amount of Each Receipt this Period

2 9 1 6

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.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 1 2 6 8

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

2 7 7 8

Full Name (Last, First, Middle Initial) **Kenneth J. Lilgedahl**

Mailing Address
8935 Lyndhurst

City State Zip Code
Johnson, IA 50131

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.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 7 7 8 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

0 0

Full Name (Last, First, Middle Initial) **William S. Workman**

Mailing Address
567 S 34th Court

City State Zip Code
West Des Moines, IA 50265

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.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 8 3 2

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

5 6 9 4

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

5 6 9 4

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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 4 OF 4

<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) Dru Donald Lesnick		Date of Receipt MM / DD / YYYY Payroll Deduction
Mailing Address 4436 NW 169th st		Amount of Each Receipt this Period 2 2 7 6
City Clive, IA 50325	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 2 2 7 6 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 2 7 6 0	

B. Full Name (Last, First, Middle Initial) Bryant J. Tjeerdsma		Date of Receipt MM / DD / YYYY Payroll Deduction
Mailing Address 8855 Kingman Dr		Amount of Each Receipt this Period 2 0 9 0
City West Des Moines, IA 50266	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 2 2 8 9 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 2 8 9 0	

C. Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY Payroll Deduction
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

4 3 6 6

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

5 6 5 2 4

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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 checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>12/4/12</i>
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<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

[Signature]
 PREPARER
 (3/2005)

12/10/12
 DATE PREPARED

12030973393