

2010 APR 16 AM 11:43

**FEC
FORM 3X**

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

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) 6785 Westown Parkway

 Check if different than previously reported. (ACC) West Des Moines IA 50266 - 7727

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 L. Deardorff

Signature of Treasurer  Date MM / DD / YYYY

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

10030300431

**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
0	1

 /

D	D
0	1

 /

Y	Y	Y	Y	Y	Y
2	0	1	0		

 To:

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y	Y	Y
2	0	1	0		

10030300432

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

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: M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 1 0 To: M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0

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

3 4 1 1 5 8

3 4 1 1 5 8

2 4 6 0 9 8

2 4 6 0 9 8

5 8 7 2 5 6

5 8 7 2 5 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).....▶

5 8 7 2 5 6

5 8 7 2 5 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)).....▶

5 8 7 2 5 6

5 8 7 2 5 6

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

5 8 7 2 5 6

5 8 7 2 5 6

10030300433

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030300434

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.....		
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))..	6 5 0 0	6 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6 5 0 0	6 5 0 0

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)	5 8 7 2 5 6	5 8 7 2 5 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	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	6 5 0 0

10030300435

**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 4		
	(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) Deardorff, Oscar L.		Date of Receipt MM / DD / YYYY 01 / 04 / 2010
Mailing Address 15806 Maple Drive		Amount of Each Receipt this Period 30000
City Urbandale	State Zip Code Iowa 50232	
FEC ID number of contributing federal political committee. C00117614		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Ex. Admin -Governmental Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000	

B. Full Name (Last, First, Middle Initial) Fischer, Steven G.		Date of Receipt MM / DD / YYYY 01 / 04 / 2010
Mailing Address 603 13th Street, SE		Amount of Each Receipt this Period 35000
City Altoona	State Zip Code Iowa 50009	
FEC ID number of contributing federal political committee. C00117614		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP Human Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35000	

C. Full Name (Last, First, Middle Initial) Liljedahl, Kenneth J.		Date of Receipt MM / DD / YYYY 01 / 04 / 2010
Mailing Address 8935 Lyndhurst		Amount of Each Receipt this Period 30000
City Johnston	State Zip Code Iowa 50131	
FEC ID number of contributing federal political committee. C00117614		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Asst. VP Corporate Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 27200	

SUBTOTAL of Receipts This Page (optional).....▶	95000
TOTAL This Period (last page this line number only).....▶	95000

10030300436

**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 4
(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) **Morris, John E.**

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Mailing Address
6862 N. West St. Rd.

City State Zip Code
Elida Ohio 45801

Amount of Each Receipt this Period
2 0 0 0 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. Field Representative - Ohio

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

B. Full Name (Last, First, Middle Initial) **Meek, Gregory L.**

Date of Receipt
M M / D D / Y Y Y Y
Payroll Deduction

Mailing Address
9403 Oakwood Drive

City State Zip Code
Urbandale Iowa 50322

Amount of Each Receipt this Period
3 4 7 5 8

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. Sr. VP Multi Peril Dept.

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
3 4 7 5 8

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

Date of Receipt
M M / D D / Y Y Y Y
Payroll Deduction

Mailing Address
2035 NW 134th St

City State Zip Code
Clive Iowa 50325

Amount of Each Receipt this Period
2 4 9 9 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. C F O & Treasurer

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
2 4 9 9 0

SUBTOTAL of Receipts This Page (optional).....▶ **7 9 7 4 8**
TOTAL This Period (last page this line number only).....▶

10030300437

**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 4	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) Rutledge, Ronald P.		Date of Receipt
Mailing Address 15802 Brookview Drive		<input type="checkbox"/> Payroll Deduction
City Urbandale	State Iowa	Zip Code 50323
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 3 2 6 5 8
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation V.P. CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 2 6 5 8	

B. Full Name (Last, First, Middle Initial) Rutledge, Scott		Date of Receipt
Mailing Address 1501 Buffalo Road		<input type="checkbox"/> Payroll Deduction
City West Des Moines	State Iowa	Zip Code 50265
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 3 2 7 8 4
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Sr. VP Crop Hail Dept.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 2 7 8 4	

C. Full Name (Last, First, Middle Initial) Rutledge, Steven C.		Date of Receipt
Mailing Address 3421 Briar Ridge		<input type="checkbox"/> Payroll Deduction
City West Des Moines	State Iowa	Zip Code 50265
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 4 0 9 6 8
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4 0 9 6 8	

SUBTOTAL of Receipts This Page (optional).....▶	1 0 6 4 1 0
TOTAL This Period (last page this line number only).....▶	

10030300438

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 4 OF 4		
	(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 committees.

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

A. Full Name (Last, First, Middle Initial) **Shepard, Rebecca, A**

Mailing Address
1500 Crown Colony Court, #610

City **Des Moines** State **Iowa** Zip Code **50215**

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 **Corporate Administrator**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 0 0 0 0

Date of Receipt
0 1 / 0 4 / 2 0 1 0

Amount of Each Receipt this Period
6 0 0 0 0

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).....▶	6 0 0 0 0
TOTAL This Period (last page this line number only).....▶	3 4 1 1 5 8

10030300439

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)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): UPS Shipping Date
4/15/10
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
(3/2005)

4/16/10

DATE PREPARED

10030300440