REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

[illegible] [illegible] n 219
KEN FELTON
[illegible] MUTUAL MAIL [illegible]
IOWA ELECTRICAL ACTION COMMITTEE
[illegible] [illegible] AVE
[illegible] MOINES IA [illegible]

JAN 18 12 09 PM '94

2. FEC IDENTIFICATION NUMBER

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

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[x] January 31 Year End Report
[ ] 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	[ ] September 20	[ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

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

(b) Is this Report an Amendment? [ ] YES [x] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period July 1, 1993 through Dec. 31, 1993		
6. (a) Cash on Hand January 1, 19 93		$ 19,618.85
(b) Cash on Hand at Beginning of Reporting Period	$ 22,349.82	
(c) Total Receipts (from Line 19)	$ 2,357.79	$ 6,153.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 24,707.61	$ 25,772.68
7. Total Disbursements (from Line 30)	$ 4,000.00	$ 5,065.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 20,707.61	$ 20,707.61
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, Treasurer

Signature of Treasurer
Kenneth W Felton

Date
Jan. 10, 1994

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 9/93)

9 4 0 3 8 7 2 4 4 7 3

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 (FMH P.A.C.)

REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93

I. Receipts	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)	885.64	1,541.68
ii. Unitemized	1,262.24	4,201.82
iii. Total ... (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions ... (add a iii, b and c) ➤	2,147.88	5,743.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	209.91	410.33
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,357.79	6,153.83
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	2,357.79	6,153.83
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	5,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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 a, b and c) ➤		
29. Other Disbursements Taxes & Bank Correction	-0-	65.07
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,000.00	5,065.07
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤	4,000.00	5,065.07
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,147.88	5,743.50
33. Total Contribution Refunds (from line 28d)	None	None
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,147.88	5,743.50
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤	None	None
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	None	None

9 4 0 3 8 7 2 4 4 3 4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11 a i

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 Political Action Committee (FMH P.A.C.)

A. 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
Myron Kumler 2421 Ridgewood Drive West Des Moines IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Ins. Co. of Iowa Occupation: Vice Pres.-Sales Aggregate Year-to-Date > $ 250.00		
B. 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
Dennis Messerschmidt 4700 66th Street Urbandale IA 50322 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Ins. Co. of Iowa Occupation: Ass't. Vice Pres.-Claims Aggregate Year-to-Date > $ 202.35		
C. 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
Perry Rutledge Rt 1 Adel IA 50003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Ins. Co. of Iowa Occupation: President Aggregate Year-to-Date > $ 443.51	7/7/93 8/6/93 9/24/93 10/5/93 11/19/93 12/7/93 12/29/93	34.26 34.26 34.26 34.26 34.26 34.26 34.26
D. 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
William A. Rutledge 5005 S.W. 16th Place Des Moines IA 50315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Ins. Co. of Iowa Occupation: Sr. VP-Exec. Op. Officer Aggregate Year-to-Date > $ 325.13	7/7/93 8/6/93 9/24/93 10/5/93 11/19/93 12/7/93 12/29/93	25.16 25.16 25.16 25.16 25.16 25.16 25.16
E. 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
Michael W. Weber 3505 S.W. 27th Des Moines IA 50321 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Ins. Co. of Iowa Occupation: Secretary Aggregate Year-to-Date > $ 232.50	7/7/93 8/6/93 9/24/93 10/5/93 11/19/93 12/7/93 12/29/93	18.00 18.00 18.00 18.00 18.00 18.00 18.00
F. 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
Wayne Tjelmeland Box 1523 Bloomington IL 61702-1523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Ins. Co. of Iowa Occupation: State Supr.-Illinois Aggregate Year-to-Date > $ 203.35	7/7/93 8/6/93 9/24/93 10/5/93 11/19/93 12/7/93 12/29/93	15.70 15.70 15.70 15.70 15.70 15.70 15.70
G. 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
Terry Wendorff 2020 Woodland West Des Moines IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Farmers Mutual Hail Ins. Co. of Iowa Occupation: Ass't. VP-Reins. Aggregate Year-to-Date > $ 223.90	7/7/93 8/6/93 9/24/93 10/5/93 11/19/93 12/7/93 12/29/93	17.30 17.30 17.30 17.30 17.30 17.30 17.30

SUBTOTAL of Receipts This Page (optional) 772.94

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

9 4 0 3 8 7 2 4 4 2 5

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee (FMH P.A.C.)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilbur Carlson Box 221 Central City NE 68826-0221	Farmers Mutual Hail Ins. Co. of Iowa	7/7/93 8/6/93 9/24/93 10/5/93 11/19/93 12/7/93 12/29/93	16.10 16.10 16.10 16.10 16.10 16.10 16.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: State Supr.-Nebraska		
	Aggregate Year-to-Date $ 208.55		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	112.70
TOTAL This Period (last page this line number only)	885.64

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee (FMH P.A.C.)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Grandy, Fred U. S. House of Representatives 418 Cannon Bldg. Washington DC 20515-1506	Contribution Disbursement for: [ ] Primary [ ] General [x] Other (specify) Campaign Fund	12/8/93	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lightfoot, Jim Ross U. S. House of Representatives 2444 Rayburn Bldg. Washington DC 20515-1505	Contribulton Disbursement for: [ ] Primary [ ] General [x] Other (specify) Campaign Fund	12/8/93	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Smith, Neal U. S. House of Representaives 2373 Rayburn Bldg. Washington DC 20515-1504	Contribution Disbursement for: [ ] Primary [ ] General [x] Other (specify) Campaign Fund	12/8/93	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Grassley, Charles U. S. Senate 135 Hart Bldg. Washington DC 20510-1502	Contribution 12/8/93 Disbursement for: [ ] Primary [ ] General [x] Other (specify) Campaign Fund		500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Harkin, Tom U. S. Senate 316 Hart Bldg. Washington DC 20510-1502	Contribution Disbursement for: [ ] Primary [ ] General [x] Other (specify) Campaign Fund	12/8/93	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
NAII P.A.C. National Ass'n. of Mutual Ins. Cos. Box 68700 Indianapolis IN 46268-0700	For NAII P.A.C. Distribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	12/8/93	1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nussle, Jim U. S. House of Representatives 507 Cannon House Office Bldg. Washington DC 20515-1502	Contribution Disbursement for: [ ] Primary [ ] General [x] Other (specify) Campaign Fund	9/30/93	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement 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 Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) 4,000.00

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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 1-11-94
☐	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

PREPARER

1-18-94

DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 7 2 4 4 3 8