

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

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Report Covering the Period:

From:

1 0 / 0 1 / 2 0 1 4

To:

1 0 / 1 5 / 2 0 1 4

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

147041 11441 6441

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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		7 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	1 0 0 0 0 0	2 7 5 0 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 0 0 0 0 0	9 8 1 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1 0 0 0 0 0	9 8 1 5 0 0

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
Committee to Elect Matt McCoy

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2014

Mailing Address
110 35th Street

City State Zip Code
Des Moines, IA 50312

Purpose of Disbursement
Contribution

Candidate Name
Matt McCoy

Amount of Each Disbursement this Period
100000

Category/Type
011

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IA** District: **21**

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type
011

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶ **100000**

TOTAL This Period (last page this line number only).....▶ **100000**

14501-100-10001-10001

UNITED STATES MAIL



Farmers Mutual Hail Insurance Company of Iowa
6785 Westown Parkway | West Des Moines, Iowa 50266



7012 1640 0001 2958 0707

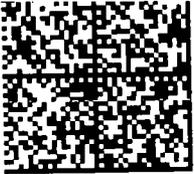
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