

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 OCT 17 AM 8:33

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. J2FE4M5

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 / YYYYYY 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 / YYYYYY in the State of   

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

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  Date MM / DD / YYYYYY

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

**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="2016"/>		<input type="text" value="4851205"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5263977"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="317669"/>	<input type="text" value="1336941"/>
(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="5581646"/>	<input type="text" value="6188146"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="300000"/>	<input type="text" value="906500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5281646"/>	<input type="text" value="5281646"/>
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

**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:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 30 / 2016

**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

Than Political Committees

(i) Itemized (use Schedule A).....

1 7 0 2 3 8

6 4 1 4 0 7

(ii) Unitemized.....

1 4 7 4 3 1

6 9 5 4 5 4

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

3 1 7 6 6 9

1 3 3 6 8 6 1

(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).....▶

3 1 7 6 6 9

1 3 3 6 8 6 1

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.).....

8 0

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)).....▶

3 1 7 6 6 9

1 3 3 6 9 4 1

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

3 1 7 6 6 9

1 3 3 6 9 4 1

20161017 09:00:10:047000

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**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.....	3 0 0 0 0 0	9 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 .....		
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)) ..	3 0 0 0 0 0	9 0 6 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3 0 0 0 0 0	9 0 6 5 0 0

2010-10-17 10:00:00

**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) .....	3 1 7 6 6 9	1 3 3 6 8 6 1
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

20101017 09:00:00

**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 5	
	<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) **Faga, Patrick J.**

Date of Receipt: 09 / 30 / 2016

Mailing Address: 735 Roosevelt Street  
City: Story City, IA. 50248

FEC ID number of contributing federal political committee: C 00117614

Name of Employer: Farmers Mutual Hail Ins. Co. Occupation: SVP P&C

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 45198

Amount of Each Receipt this Period: 15066

**B.** Full Name (Last, First, Middle Initial) **Johnson, Kevin**

Date of Receipt: 09 / 30 / 2016

Mailing Address: 1783 Maple Ct  
City: Winterset, IA. 50273

FEC ID number of contributing federal political committee: C 00117619

Name of Employer: Farmers Mutual Hail Ins. Co. Occupation: SVP Sales

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 34635

Amount of Each Receipt this Period: 13854

**C.** Full Name (Last, First, Middle Initial) **Krohn, Grant E.**

Date of Receipt: 09 / 30 / 2016

Mailing Address: 26818 N Avenue  
City: Adel, IA. 50003

FEC ID number of contributing federal political committee: C 00117614

Name of Employer: Farmers Mutual Hail Ins. Co. Occupation: AVP Field Training Coord

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 32400

Amount of Each Receipt this Period: 10800

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39720

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

20161017 09:00:00

**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 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) **Kuethe, Ron**

Mailing Address  
**16973 Aurora CT.**

City **Clive, IA** State **IA** Zip Code **50325**

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 Reinsurance**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **3 2 4 0 0**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**1 3 5 8 4**

**B.** Full Name (Last, First, Middle Initial) **Ludowese, Glen**

Mailing Address  
**1508 Court St.**

City **Scott City, KS.** State **KS.** Zip Code **67871**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 9**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Lead Adjuster I**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **4 0 0 0 0**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**1 5 0 0 0**

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

Mailing Address  
**2035 134th Street**

City **Clive, IA.** State **IA.** Zip Code **50325**

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 **EVP/CFO**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **5 5 7 1 0**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**1 8 5 7 0**

**SUBTOTAL** of Receipts This Page (optional).....▶ **4 7 1 5 4**

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

2016-10-17 09:00:00

**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 5
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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, Ron**

Mailing Address  
**240 Linden Drive**

City **Waukee, IA.** State **IA.** Zip Code **50263**

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**

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**7 6 0 3 2**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**2 5 3 4 4**

**B.** Full Name (Last, First, Middle Initial) **Rutledge, Shannon D.**

Mailing Address  
**2273 NE 88th**

City **Altoona, IA.** State **IA.** Zip Code **50009**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 9**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **EVP/Crop Operations**

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5 1 2 1 0**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**1 7 0 7 0**

**C.** Full Name (Last, First, Middle Initial) **Kahle, Dave**

Mailing Address  
**124 Dabill Place**

City **Lima, OH** State **OH** Zip Code **45805**

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 **AVP Regional Sales Manager**

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 4 0 0 0**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**9 0 0 0**

**SUBTOTAL** of Receipts This Page (optional)..... **5 1 4 1 4**

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

20161017 001005400

**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 5
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) **Liljedahl, Ken**

Mailing Address  
**8935 Lyndhurst**

City **Johnston, IA** State **IA** Zip Code **50131**

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 **VP Operations**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **2 8 8 5 4**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**9 6 1 8**

**B.** Full Name (Last, First, Middle Initial) **Ripley, Kenneth**

Mailing Address  
**5326 420th Ave**

City **Blue Earth, MN** State **MN** Zip Code **56013**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 9**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Strategic Account Manager**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **2 0 5 8 0**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**8 2 3 2**

**C.** Full Name (Last, First, Middle Initial) **Tjeerdsma, Bryant**

Mailing Address  
**8855 Kingman Dr.**

City **West Des Moines, IA** State **IA** Zip Code **50266**

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 **VP Crop Insurance Underwriter**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **2 2 0 1 4**

Date of Receipt  
**0 9 / 3 0 / 2 0 1 6**

Amount of Each Receipt this Period  
**7 3 3 8**

**SUBTOTAL** of Receipts This Page (optional)..... **3 0 5 7 0**

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

2010-10-17 09:00:00

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

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

FOR LINE NUMBER: PAGE 5 OF 5  
(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
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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) **Vetter, Mark**

Date of Receipt: **09 / 30 / 2016**

Mailing Address: **17349 Berkshire Pkwy**  
City: **Clive, IA 50325** State: **IA** Zip Code: **50325**

FEC ID number of contributing federal political committee: **C00117614**

Amount of Each Receipt this Period: **6762**

Name of Employer: **Farmers Mutual Hail Ins. Co.** Occupation: **AVP Claims**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **20286**

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

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C00117619**

Amount of Each Receipt this Period

Name of Employer: **Farmers Mutual Hail Ins. Co.** Occupation

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

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

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C00117614**

Amount of Each Receipt this Period

Name of Employer: **Farmers Mutual Hail Ins. Co.** Occupation

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional).....▶ **6762**

**TOTAL** This Period (last page this line number only).....▶ **170238**

20161017 04:00:00

**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	<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

Full Name (Last, First, Middle Initial)

**A. Property Casualty Insurers PAC**

Mailing Address

2600 South River Road

City

Des plaines, IL 60018-3286

State

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

0 1 1

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

0 7 / 1 8 / 2 0 1 6

Amount of Each Disbursement this Period

2 0 0 0 0 0

Full Name (Last, First, Middle Initial)

**B. The Grassley Committee, Inc.**

Mailing Address

PO Box 1000

City

Des Moines, IA 50304

State

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

Chuck Grassley

1 1

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: IA

District:

Date of Disbursement

0 7 / 0 6 / 2 0 1 6

Amount of Each Disbursement this Period

1 0 0 0 0 0

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

0 1 1

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

  /  /  

Amount of Each Disbursement this Period

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

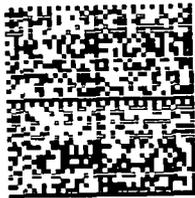
3 0 0 0 0 0

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

3 0 0 0 0 0

2010-11-17 10:00:00 AM

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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

**CPU** U.S. POSTAGE  
**\$ 6.89<sup>0</sup>**  
MAILED OCT 12 2016  
50266  
PB 1P 000  
3661528  
FCML

RECEIVED  
FEC MAIL CENTER  
2016 OCT 17 AM 8:33

Federal Election Commission  
999 E Street NW  
Washington DC 20463

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL<sup>TM</sup>**



7012 1640 0001 2958 0813

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	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/12/16
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	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

  
 PREPARER

10/17/16  
 DATE PREPARED

20161017 09:00:00