

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2008 DEC -5 PM 12: 26
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:

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 MM / DD / YYYY in the State of AA

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of IA

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 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.

28039941689

**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="2008"/>		<input type="text" value="4403026"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4148483"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="182166"/>	<input type="text" value="1183723"/>
(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="4330649"/>	<input type="text" value="5586749"/>
7. Total Disbursements (from Line 31)	<input type="text" value="100000"/>	<input type="text" value="1356100"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="4230649"/>	<input type="text" value="4230649"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="None"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="None"/>	



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

28039941690

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 08/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period: From:

10 / *01* / *2008*

To:

11 / *27* / *2008*

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).....

90988

460170

(ii) Unitemized.....

85850

666921

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

176844

1127091

(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).....▶

176844

1127091

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.).....

5322

56632

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)).....▶

182166

1183723

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

182166

1183723

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DETAILED SUMMARY PAGE
of Disbursements

28039941692

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	0	411.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	411.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	13,200.00
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	0	950.00
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))..	1,000.00	13,561.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,000.00	13,561.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	176844	1127091
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	176844	1127091
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	411.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	411.00

28039941693

**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	

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)
Casey, Harry, A.

Mailing Address
1553 5th Avenue, SW

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

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

Name of Employer *Farmers Mutual Hail Ins. Co.* Occupation *Mgr. Asst. VP, Programming Operations*

Receipt For:
 Primary General Other (specify)

Aggregate Year-to-Date *291.06*

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
529.2

B. Full Name (Last, First, Middle Initial)
Nammen, Robert, E.

Mailing Address
737 Cambridge Drive

City *Janesville* State *WI* Zip Code *53548*

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

Name of Employer *Farmers Mutual Hail Ins. Co.* Occupation *IL&WI State Supervisor*

Receipt For:
 Primary General Other (specify)

Aggregate Year-to-Date *208.34*

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
37.78

C. Full Name (Last, First, Middle Initial)
Johnson, Kevin, A.

Mailing Address
2203 183rd St.

City *Winterset* State *IA* Zip Code *50273*

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

Name of Employer *Farmers Mutual Hail Ins. Co.* Occupation *Vice President & Sales Manager*

Receipt For:
 Primary General Other (specify)

Aggregate Year-to-Date *206.36*

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
37.52

SUBTOTAL of Receipts This Page (optional)..... *128.32*

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

28039941694

**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

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

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

Mailing Address
2682 N. Avenue

City *Adel* State *IA* Zip Code *50003*

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

Name of Employer *Farmers Mutual Hail Ins. Co.* Occupation *Vice President, MPC I Dept*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ *209.22*

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
38.04

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

Mailing Address
9403 Oakwood Drive

City *Johnston* State *IA* Zip Code *50322*

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

Name of Employer *Farmers Mutual Hail Ins. Co.* Occupation *Senior VP, MPC I Dept*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ *810.48*

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
147.36

C. Full Name (Last, First, Middle Initial)
Fannebecker, Michael, L.

Mailing Address
1410 Rosenkranz

City *Wauke* State *IA* Zip Code *50263*

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

Name of Employer *Farmers Mutual Hail Ins. Co.* Occupation *Asst. V.P. MPC I Dept*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ *275.00*

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶ *235.40*

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: PAGE 3 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. Reggenburg, Darin, L.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2035 NW 134th Street
 City Clive State IA Zip Code 50325
 Date of Receipt Payroll Deduction
 Amount of Each Receipt this Period 1.00.00
 FEC ID number of contributing federal political committee. C 00117614
 Name of Employer Farmers Mutual Hail Ins. Co. Occupation Vice President, Chief Financial Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

B. Rutledge, Ronald, P.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Linden Dr.
 City Waukee State IA Zip Code 50263
 Date of Receipt Payroll Deduction
 Amount of Each Receipt this Period 128.27
 FEC ID number of contributing federal political committee. C 00117614
 Name of Employer Farmers Mutual Hail Ins. Co. Occupation Vice President, Chief Info. Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 7053.2

C. Rutledge, Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Buffalo Road
 City West Des Moines State IA Zip Code 50319
 Date of Receipt Payroll Deduction
 Amount of Each Receipt this Period 137.92
 FEC ID number of contributing federal political committee. C 00117614
 Name of Employer Farmers Mutual Hail Ins. Co. Occupation Vice President - Crop Hail
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 758.56

SUBTOTAL of Receipts This Page (optional)..... 366.16
 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 4 OF 4
	<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, Steven, C

Mailing Address
3421 Briar Ridge

City *West Des Moines* State *IA* Zip Code *50265*

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

Name of Employer *Farmers Mutual Hail Ins. Co.* Occupation *President & CEO*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
99,000

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
18,000

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)..... *18,000*

TOTAL This Period (last page this line number only)..... *909,877*

28039941697

**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 OF

<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. *The Haweye PAC*

Mailing Address

P.O. Box 7255

City

Des Moines

State

IA

Zip Code

50309

Purpose of Disbursement

Contribution

Candidate Name

011

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1,000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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).....▶

1,000.00

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

1,000.00

28039941698

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
12/15/08
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
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

JmW
PREPARER

12/15/08
DATE PREPARED