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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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

State

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

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

Election on

MM/DD/YYYY

in the State of

State

5. Covering Period

06/30/2010

through

09/30/2010

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

[Handwritten Signature]

Date

10/15/2010

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

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FEC FORM 3X Rev. 12/2004

10030461705

**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:

MM / DD / YYYY
06 / 30 / 2010

To:

MM / DD / YYYY
09 / 30 / 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010	4291794
(b) Cash on Hand at Beginning of Reporting Period.....	4312186
(c) Total Receipts (from Line 19).....	1285887
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5577681
7. Total Disbursements (from Line 31).....	150000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4511181
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

10030461706

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
0	6

 /

D	D
3	0

 /

Y	V	V	V	V	V
2	0	1	0		

 To:

M	M
0	9

 /

D	D
3	0

 /

Y	V	V	V	V	V
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).....

2 1 9 9 0 6

7 7 2 3 8 1

(ii) Unitemized.....

1 2 9 0 0 6

5 1 3 4 2 3

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

3 4 8 9 1 2

1 2 8 5 8 0 4

(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 4 8 9 1 2

1 2 8 5 8 0 4

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 3

8 3

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 4 8 9 9 5

1 2 8 5 8 8 7

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

3 4 8 9 9 5

1 2 8 5 8 8 7

10030461707

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	1 5 0 0 0 0	1 0 5 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	0	1 0 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 5 0 0 0 0	1 0 6 6 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1 5 0 0 0 0	1 0 6 6 5 0 0

10030461708

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 4 8 9 9 5	1 2 8 5 8 8 7
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

10030461709

**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)

11a 11b 11c 12
 13 14 15 16 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) **Rutledge, Ronald P.** Date of Receipt
Mailing Address **240 Linden Drive** Payroll Deduction
City **Waukee** State **Iowa** Zip Code **5**
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: Primary General Other (specify) Aggregate Year-to-Date **9 7 9 7 4**

B. Full Name (Last, First, Middle Initial) **Rutledge, Scott** Date of Receipt
Mailing Address **1501 Buffalo Road** Payroll Deduction
City **West Des Moines** State **Iowa** Zip Code **5026**
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: Primary General Other (specify) Aggregate Year-to-Date **9 8 3 5 2**

C. Full Name (Last, First, Middle Initial) **Rutledge, Steven C.** Date of Receipt
Mailing Address **3421 Briar Ridge** 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: Primary General Other (specify) Aggregate Year-to-Date **1 2 2 9 0 4**

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

10030461710

**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)

<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) **Pfannebecker, Michael L.**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
Payroll Deduction									

Mailing Address
1410 Rosenkranz Drive

City **Waukee** State **Iowa** 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 **Asst. VP, MPC I Dept.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2	3	8	6	8
---	---	---	---	---

Amount of Each Receipt this Period

7	9	6	6	2
---	---	---	---	---

B. 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 134th Street

City **Clive** State **Iowa** 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 **CFO & Treasurer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

7	4	9	7	0
---	---	---	---	---

Amount of Each Receipt this Period

2	4	9	9	0
---	---	---	---	---

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
Payroll Deduction									

Mailing Address
2273 NE 88th Street

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

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 **Assist. VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3	0	4	9	2
---	---	---	---	---

Amount of Each Receipt this Period

1	0	1	6	4
---	---	---	---	---

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

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

4	3	1	1	6
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10030461711

**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 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	

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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) **Ewart, Larry E.**

Mailing Address
15188 Bryn Mawr

City **Clive** State **Iowa** 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 **VP, Claims**

Receipt For:
 Primary General
 Other (specify) ▼

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

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
1 7 5 0 8

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

Mailing Address
9403 Oakwood Drive

City **Urbandale** State **Iowa** Zip Code **50322**

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 **Sr. VP, MPCl Dept.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1 0 4 2 7 4**

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
3 4 7 5 8

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

Mailing Address
1553 5th Avenue, SW

City **Altoona** State **IA** Zip Code **50008**

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 **CFO & Treasurer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2 7 1 4 4**

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
9 0 4 8

SUBTOTAL of Receipts This Page (optional)..... ▶ **6 1 3 1 4**

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

10030461712

**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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

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

Date of Receipt

Payroll Deduction

Mailing Address
1783 Maple Court

City **Winterset** State **Iowa** Zip Code **50273**

Amount of Each Receipt this Period

9 0 6 6

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, Sales Dept.**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **2 7 1 9 8**

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date**

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer Occupation

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date**

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

9 0 6 6

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

3 4 8 9 1 2

10030461713

**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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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. Boswell for Congress		Date of Disbursement MM / DD / YYYY 07 / 09 / 2010	
Mailing Address P.O. Box 6200			
City Des Moines	State Iowa	Zip Code 50309	
Purpose of Disbursement Contribution		Category/Type 011	Amount of Each Disbursement this Period 100000
Candidate Name Leonard Boswell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA	District: 3rd		

Full Name (Last, First, Middle Initial) B. Governor Brandstad 2010		Date of Disbursement MM / DD / YYYY 08 / 16 / 2010	
Mailing Address 3590 109th Street			
City Urbandale	State IA	Zip Code 50322	
Purpose of Disbursement Contribution		Category/Type 011	Amount of Each Disbursement this Period 50000
Candidate Name Terry Brandstad			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: IA	District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	150000
TOTAL This Period (last page this line number only).....▶	150000

10030461714

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)
10/15/10

USPS Priority Mail Postmarked
 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

Jm W
 PREPARER

10/19/10
 DATE PREPARED

10030461715