

2010 JUL 22 AM 8:30

**FEC  
FORM 3X**

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

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 ▲

C0017614

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 / YYYY 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) |
|--|---------------------------------------|--|

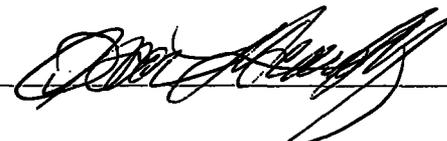
Election on MM / DD / YYYY in the State of   

5. Covering Period 04 / 01 / 2010 through 06 / 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



Date

07 / 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.

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

10030391727

**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
04	01	2010

 To: 

MM	DD	YYYY
06	30	2010

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>2010</td></tr></table>	YYYY	2010		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>4291794</td></tr></table>	YYYY	4291794
YYYY						
2010						
YYYY						
4291794						
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>4872550</td></tr></table>	YYYY	4872550			
YYYY						
4872550						
(c) Total Receipts (from Line 19) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>349636</td></tr></table>	YYYY	349636	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>936892</td></tr></table>	YYYY	936892
YYYY						
349636						
YYYY						
936892						
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>5222186</td></tr></table>	YYYY	5222186	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>5228686</td></tr></table>	YYYY	5228686
YYYY						
5222186						
YYYY						
5228686						
7. Total Disbursements (from Line 31) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>910000</td></tr></table>	YYYY	910000	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>916500</td></tr></table>	YYYY	916500
YYYY						
910000						
YYYY						
916500						
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>4312186</td></tr></table>	YYYY	4312186	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>4312186</td></tr></table>	YYYY	4312186
YYYY						
4312186						
YYYY						
4312186						
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td> </td></tr></table>	YYYY				
YYYY						
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td> </td></tr></table>	YYYY				
YYYY						

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

10030391728

**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:

**4 / 01 / 2010**

To:

**06 / 30 / 2010**

**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 1 3 1 7**

**5 5 2 4 7 5**

(ii) Unitemized.....

**1 3 8 3 1 9**

**3 8 4 4 1 7**

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

**3 4 9 6 3 6**

**9 3 6 8 9 2**

(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 9 6 3 6**

**9 3 6 8 9 2**

**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.).....**

**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 9 6 3 6**

**9 3 6 8 9 2**

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

**3 4 9 6 3 6**

**9 3 6 8 9 2**

10030391729

**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.....	9 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 .....	1 0 0 0 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))..	9 1 0 0 0 0	9 1 6 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9 1 0 0 0 0	9 1 6 5 0 0

10030391730

**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 9 6 3 6	9 3 6 8 9 2
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

10030391731

**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 3
	<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) **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 ▼ **3 5 0 1 0**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period **3 5 0 1 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 ▼ **6 9 5 1 0**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period **3 4 7 5 2**

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

Mailing Address  
**2035 134th Street**

City **Clive** 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 **CFO & Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4 9 9 8 0**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period **2 4 9 9 0**

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

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

**9 4 7 5 2**

10030391732

**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 3 (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) **Rutledge, Ronald P.**

Mailing Address  
**15802 Brookview Drive**

City **Urbandale** State **Iowa** Zip Code **50323**

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 **COO & VP**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6 5 3 1 0**

Date of Receipt  
 M /  D /  Y  
**Payroll Deduction**

Amount of Each Receipt this Period  
**3 2 6 5 2**

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

Mailing Address  
**1501 Buffalo Road**

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**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Sr. VP, Crop Hail**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6 5 5 6 8**

Date of Receipt  
 M /  D /  Y  
**Payroll Deduction**

Amount of Each Receipt this Period  
**3 2 7 8 4**

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

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 **CFO & Treasurer**

Receipt For:  
 Primary     General  
 Other (specify) ▼

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

Date of Receipt  
 M /  D /  Y  
**Payroll Deduction**

Amount of Each Receipt this Period  
**1 0 1 6 7**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **7 5 6 0 3**

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

10030391733

**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 3  
(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.** Full Name (Last, First, Middle Initial) **Rutledge, Steven C.**

Mailing Address  
**3421 Briar Ridge**

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**

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8 1 9 3 0**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period  
**4 0 9 6 2**

**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).....▶

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

**4 0 9 6 2**

**2 1 1 3 1 7**

10030391734

**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)

<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

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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)

**A. Olive the Supporters of Rich for Senate**

Mailing Address  
1264 Northridge Road

City State Zip Code  
Story City IA 50248

Purpose of Disbursement  
Contribution

0 1 1  
Category/  
Type

Candidate Name

Date of Disbursement

0 6 / 1 1 / 2 0 1 0

Amount of Each Disbursement this Period

1 0 0 0 0

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

1 0 0 0 0

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

10030391735

**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)

<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

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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)

<b>A.</b>		Date of Disbursement	
<b>PCI PAC</b>		MM / DD / YYYY 04 / 02 / 2010	
Mailing Address <b>2600 South River Road</b>		Amount of Each Disbursement this Period	
City <b>Des Plaines</b>	State <b>IL</b>	Zip Code <b>60018-3286</b>	200000
Purpose of Disbursement Contribution		Category/Type <b>011</b>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

<b>B.</b>		Date of Disbursement	
<b>NAMIC PAC</b>		MM / DD / YYYY 04 / 02 / 2010	
Mailing Address <b>122 "C" Street NW, Suite 540</b>		Amount of Each Disbursement this Period	
City <b>Washington</b>	State <b>D.C.</b>	Zip Code <b>20001</b>	200000
Purpose of Disbursement Contribution		Category/Type <b>011</b>	
Candidate Name			
Office Sought:	Disbursement For:		
<input checked="" type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

<b>C.</b>		Date of Disbursement	
<b>CIRB PAC</b>		MM / DD / YYYY 04 / 02 / 2010	
Mailing Address <b>201 Massachusetts Avenue, NE Suite C-5</b>		Amount of Each Disbursement this Period	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20002</b>	300000
Purpose of Disbursement Contribution		Category/Type <b>011</b>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

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

700000

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

10030391736

**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)

<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

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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)

**A.**

**Latham for Congress**

Date of Disbursement

MM	DD	YYYY
06	19	2010

Mailing Address  
**P.O. Box 71**

City **Clarion** State **Iowa** Zip Code **50525**

Purpose of Disbursement  
Contribution

011
Category/ Type

Amount of Each Disbursement this Period

100000
--------

Candidate Name  
**Tom Latham**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **IA** District: **4th**

Full Name (Last, First, Middle Initial)

**B.**

**The Grassley Committee, Inc.**

Date of Disbursement

MM	DD	YYYY
04	16	2010

Mailing Address  
**P.O. Box 1000**

City **Des Moines** State **Iowa** Zip Code **50304**

Purpose of Disbursement  
Contribution

011
Category/ Type

Amount of Each Disbursement this Period

100000
--------

Candidate Name  
**Charles Grassley**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **IA** District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

MM	DD	YYYY

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

200000
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TOTAL This Period (last page this line number only).....▶

910000
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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jm W*  
PREPARER  
(3/2005)

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