

**FEC
FORM 3X**

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

RECEIVED
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12FE4M5

1103064728

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Due On:

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

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Report for the:

Convention (12C)

Special (12S)

Election on

____/____/____

in the State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

____/____/____

in the State of

5. Covering Period

01

01

2011

through

06

30

2011

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

Scott McEntee

Date

07

29

2011

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

**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="2011"/>	<input type="text" value="4743899"/>	<input type="text" value="4743899"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4743899"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="763305"/>	<input type="text" value="763305"/>
(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="5055099"/>	<input type="text" value="5055099"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="456500"/>	<input type="text" value="456500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5050704"/>	<input type="text" value="5050704"/>
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

11030644729

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: **01 / 01 / 2011** To: **06 / 30 / 2011**

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).....

3 7 6 0 0 8

3 7 6 0 0 8

(ii) Unitemized.....

3 8 7 2 9 7

3 8 7 2 9 7

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

7 6 3 3 0 5

7 6 3 3 0 5

(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).....▶

7 6 3 3 0 5

7 6 3 3 0 5

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)).....▶

7 6 3 3 0 5

7 6 3 3 0 5

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

7 6 3 3 0 5

7 6 3 3 0 5

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DETAILED SUMMARY PAGE
of Disbursements

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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	6 5 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6 5 0 0	6 5 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4 5 0 0 0 0	4 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		
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))..	4 5 6 5 0 0	4 5 6 5 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4 5 6 5 0 0	4 5 6 5 0 0

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(¶), page 3)	7 6 3 3 0 5	7 6 3 3 0 5
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	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	6 5 0 0

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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 1 OF 3
(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.
 Mailing Address 240 Linden Drive
 City Waukee State Iowa Zip Code 5
 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 1 3 1 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

7 1 3 1 6

B. Full Name (Last, First, Middle Initial) Darin Roggenburg
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 5 2 0 8 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

5 2 0 8 0

C. 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 7 5 0 0 0

Date of Receipt

01/06/2011

Amount of Each Receipt this Period

7 5 0 0 0

1 9 8 3 9 6

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

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 2 OF 3

(check only one)

<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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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) Fischer, Steve		Date of Receipt 01/06/2011
Mailing Address 603 13th Street, SE		Amount of Each Receipt this Period 7 0 0 0 0
City Altoona	State Zip Code IA 50009	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Aggregate Year-to-Date 7 0 0 0 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Liljehdahl, Kenneth J.		Date of Receipt Payroll Deduction
Mailing Address 8935 Lyndhurst		Amount of Each Receipt this Period 2 8 2 0 0
City Johnston	State Zip Code Iowa 50131	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Aggregate Year-to-Date 2 8 2 0 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Asst. VP Corporate Services	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Rutledge, Shannon		Date of Receipt Payroll Deduction
Mailing Address 2273 NE 88th Street		Amount of Each Receipt this Period 4 4 4 1 2
City Altoona	State Zip Code IA 50009	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Aggregate Year-to-Date 4 4 4 1 2
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Assist. VP	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

1 4 2 6 1 2

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**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

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. PCI PAC Mailing Address 2600 South River Road City Des Plaines State IL Zip Code 60018-3286 Purpose of Disbursement Contribution Candidate Name Office Sought: <input 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: District:		Date of Disbursement MM / DD / YYYY 05 / 10 / 2011 Amount of Each Disbursement this Period 250000 Category/Type 011
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B. NAMIC PAC Mailing Address 122 "C" Street NW, Suite 540 City Washington State D.C. Zip Code 20001 Purpose of Disbursement Contribution Candidate Name 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: District:		Date of Disbursement MM / DD / YYYY 05 / 25 / 2011 Amount of Each Disbursement this Period 200000 Category/Type 011
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C. Mailing Address City State Zip Code Purpose of Disbursement 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:		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
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SUBTOTAL of Disbursements This Page (optional).....▶

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

450000
450000

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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)
7/29/11

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


 PREPARER

8/3/11
 DATE PREPARED

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