

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
APR 15 10 12 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) James J. Edwards
Indiana Farm Bureau Inc Elect Political Action
Committee Inc

ADDRESS (number and street) Check if different than previously reported
225 S East St

CITY, STATE and ZIP CODE
Indianapolis, IN 46202

2. FEC IDENTIFICATION NUMBER
C00169722

3. This committee has qualified as a multicandidate committee. (see FEC FORM 164)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Jan 1, 1996 through March 31, 1996		
6. (a) Cash on Hand January 1, 19 96		\$ 110,421
(b) Cash on Hand at Beginning of Reporting Period	\$ 110,421	
(c) Total Receipts (from Line 1B)	\$ 33,819	\$ 33,819
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 144,240	\$ 144,240
7. Total Disbursements (from Line 3D)	\$ 517	\$ 517
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 143,723	\$ 143,723
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Signature of Treasurer *James J. Edwards* Date 4-10-96

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
(revised 8/83)

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Indiana Farm Bureau, Inc. ELECT, PAC		FROM Jan 1, 1996	TO: March 31, 1996
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)		11(a)(i)
ii.	Unitemized	32,950	32,950
iii.	Total	32,950	32,950
	..... (add i and ii) >		11(a)(ii)
b.	Political Party Committees		11(b)
c.	Other Political Committees (such as PACs)		11(c)
d.	Total Contributions	32,950	32,950
	..... (add a iii, b and c) >		11(d)
12.	Transfers From Affiliated/Other Party Committees		12
13.	All Loans Received		13
14.	Loan Repayments Received		14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		16
17.	Other Federal Receipts (Dividends, Interest, etc.)	869	869
	..... Interest		17
18.	Transfers from Nonfederal Account for Joint Activity		18
19.	Total Receipts	33,819	33,819
	..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		19
20.	Total Federal Receipts	33,819	33,819
	..... (subtract line 18 from line 19) >		20
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		21(a)(i)
ii.	Non-Federal Share		21(a)(ii)
b.	Other Federal Operating Expenditures	515	515
c.	Total Operating Expenditures	515	515
	..... (add a i, a ii, and b) >		21(c)
22.	Transfers to Affiliated/Other Party Committees		22
23.	Contributions to Federal Candidates/Committees and Other Political Committees		23
24.	Independent Expenditures (use Schedule E)		24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		25
26.	Loan Repayments Made		26
27.	Loans Made		27
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	2	2
b.	Political Party Committees		28(b)
c.	Other Political Committees (such as PACs)		28(c)
d.	Total Contribution Refunds	2	2
	..... (add a, b and c) >		28(d)
29.	Other Disbursements		29
30.	Total Disbursements	517	517
	..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		30
31.	Total Federal Disbursements	517	517
	..... (subtract line 21 a ii from line 30) >		31
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	32,950	32,950
33.	Total Contribution Refunds (from line 28d)	2	2
34.	Net Contributions (other than loans)(subtract line 33 from 32)	32,948	32,948
35.	Total Federal Operating Expenditures	515	515
	..... (add 21 a i and 21 b) >		35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures	515	515
	..... (subtract line 36 from 35) >		37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

Indiana Farm Bureau, Inc. ELECT, PAC

9603040196

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Trustee Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 03/26/96	Amount of Each Disbursement This Period \$450
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$450

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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4/10/96

Registered/Certified Mail

POSTMARKED

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 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

D.A.C.
 PREPARER

4/15/96
 DATE PREPARED

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