



**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
07	01	2009

 To: 

MM	DD	YYYY
12	31	2009

	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>YYYYYY</td></tr><tr><td>2009</td></tr></table>	YYYYYY	2009		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>4416320</td></tr></table>	XXXXXXXXXX	4416320
YYYYYY						
2009						
XXXXXXXXXX						
4416320						
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>4471029</td></tr></table>	XXXXXXXXXX	4471029			
XXXXXXXXXX						
4471029						
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>574435</td></tr></table>	XXXXXXXXXX	574435	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>1382844</td></tr></table>	XXXXXXXXXX	1382844
XXXXXXXXXX						
574435						
XXXXXXXXXX						
1382844						
(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>XXXXXXXXXX</td></tr><tr><td>5045464</td></tr></table>	XXXXXXXXXX	5045464	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>5799164</td></tr></table>	XXXXXXXXXX	5799164
XXXXXXXXXX						
5045464						
XXXXXXXXXX						
5799164						
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>753670</td></tr></table>	XXXXXXXXXX	753670	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>1507370</td></tr></table>	XXXXXXXXXX	1507370
XXXXXXXXXX						
753670						
XXXXXXXXXX						
1507370						
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>XXXXXXXXXX</td></tr><tr><td>4291794</td></tr></table>	XXXXXXXXXX	4291794	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>XXXXXXXXXX</td></tr><tr><td>4291794</td></tr></table>	XXXXXXXXXX	4291794
XXXXXXXXXX						
4291794						
XXXXXXXXXX						
4291794						
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>XXXXXXXXXX</td></tr></table>	XXXXXXXXXX				
XXXXXXXXXX						
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>XXXXXXXXXX</td></tr></table>	XXXXXXXXXX				
XXXXXXXXXX						

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

10030244966

**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: MUM / DDD / YYYY 07 / 01 / 2009 To: MUM / DDD / YYYY 12 / 31 / 2009

**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 8 9 6 5 2

7 8 8 3 2 4

(ii) Unitemized.....

1 8 4 0 9 8

5 8 8 4 6 6

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

5 7 3 7 5 0

1 3 7 6 7 9 0

(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).....▶

5 7 3 7 5 0

1 3 7 6 7 9 0

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.).....

6 8 5

6 0 5 4

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)).....▶

5 7 4 4 3 5

1 3 8 2 8 4 4

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

5 7 4 4 3 5

1 3 8 2 8 4 4

1003024967

**DETAILED SUMMARY PAGE**  
of Disbursements

**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 .....	3 6 7 0	2 7 3 7 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3 6 7 0	2 7 3 7 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7 5 0 0 0 0	1 4 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 .....	0	8 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)) ..	7 5 3 6 7 0	1 5 0 7 3 7 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7 5 3 6 7 0	1 5 0 7 3 7 0

10030244968

**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) .....
- 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)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

5 7 3 7 5 0

1 3 7 6 7 9 0

3 6 7 0

2 7 3 7 0

3 6 7 0

2 7 3 7 0

10030244969

**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 6

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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) <b>Anderson, Cynthia M.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>Payroll Deduction</b>
Mailing Address <b>15934 Rosewood Court</b>		Amount of Each Receipt this Period <b>1 0 6 6 8</b>
City <b>Clive</b>	State Zip Code <b>Iowa 50325</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 1 1 7 6 1 4</b>		Amount of Each Receipt this Period <b>2 1 3 3 6</b>
Name of Employer <b>Farmers Mutual Hail Ins. Co.</b>	Occupation <b>Asst. VP, Compliance</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) <b>Casey, Larry L.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>Payroll Deduction</b>
Mailing Address <b>1553 5th Avenue, SW</b>		Amount of Each Receipt this Period <b>1 6 5 9 6</b>
City <b>Altoona</b>	State Zip Code <b>Iowa 50009</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 1 1 7 6 1 4</b>		Amount of Each Receipt this Period <b>3 3 1 9 2</b>
Name of Employer <b>Farmers Mutual Hail Ins. Co.</b>	Occupation <b>Assistant VP / Prog. Operations</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) <b>Dammen, Robert E.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y <b>Payroll Deduction</b>
Mailing Address <b>737 Cambridge Drive</b>		Amount of Each Receipt this Period <b>1 1 7 3 6</b>
City <b>Jonesville</b>	State Zip Code <b>WI 53548</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 1 1 7 6 1 4</b>		Amount of Each Receipt this Period <b>2 3 4 7 2</b>
Name of Employer <b>Farmers Mutual Hail Ins. Co.</b>	Occupation <b>IA &amp; / WI State Supervisor</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>3 9 0 0 0</b>
TOTAL This Period (last page this line number only).....▶	

10030244970

**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 6

(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			

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)

**Doud, Constance S.**

Date of Receipt

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

Amount of Each Receipt this Period

**1 0 4 4 0**

Mailing Address

**5200 Pond Drive Circle**

City

**Drive**

State

**Iowa**

Zip Code

**50317**

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

**Research & Development**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**2 0 8 8 0**

Full Name (Last, First, Middle Initial)

**Ewart, Larry E.**

Date of Receipt

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

Amount of Each Receipt this Period

**1 1 2 5 6**

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 ▼

**2 2 5 1 2**

Full Name (Last, First, Middle Initial)

**Hall, Myron J.**

Date of Receipt

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

Amount of Each Receipt this Period

**1 0 5 0 0**

Mailing Address

**4101 NE 48th Street**

City

**Des Moines**

State

**IA**

Zip Code

**50317**

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

**IA & / WI State Supervisor**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**2 1 0 0 0**

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

**3 2 1 9 6**

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

**3 2 1 9 6**

10030244971

**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 6**

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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) **Krohn, Grant**

Mailing Address  
**26818 "N" Avenue**

City **Adel** State **Iowa** Zip Code **50003**

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, MPC I Dept.**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **2 3 8 3 2**

Date of Receipt  

M	M	/	D	D	/						
<b>Payroll Deduction</b>											

Amount of Each Receipt this Period  
**1 1 9 1 6**

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

Mailing Address  
**4436 NW 169th 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 **Insurance**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **2 5 0 5 6**

Date of Receipt  

M	M	/	D	D	/						
<b>Payroll Deduction</b>											

Amount of Each Receipt this Period  
**1 2 5 2 8**

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

Mailing Address  
**9403 Oakwood Drive**

City **Urbandale** State **IA** 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, MPC I Dept.**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **1 0 7 5 2 0**

Date of Receipt  

M	M	/	D	D	/						
<b>Payroll Deduction</b>											

Amount of Each Receipt this Period  
**5 3 7 6 0**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **7 8 2 0 4**

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

10030244972

**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 6

(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) **Pfannebecker, Michael L.**

Mailing Address  
**1410 Rosenkranz Drive**

City State Zip Code  
**Waukee Iowa 50263**

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

Name of Employer Occupation  
**Farmers Mutual Hail Ins. Co. Asst. VP, MPCl Dept.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 1 2 0 0**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period  
**1 5 6 0 0**

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

Mailing Address  
**2035 134th Street**

City State Zip Code  
**Clive Iowa 50325**

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

Name of Employer Occupation  
**Farmers Mutual Hail Ins. Co. CFO & Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**7 4 9 7 6**

Date of Receipt

**Payroll Deduction**

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

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

Mailing Address  
**15802 Brookview Drive**

City State Zip Code  
**Urbandale IA 50323**

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

Name of Employer Occupation  
**Farmers Mutual Hail Ins. Co. COO & VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**9 4 2 7 2**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period  
**4 7 1 3 6**

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

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

**1 0 0 2 2 4**

10030244973

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 6	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) **Rutledge, Scott**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y

**Payroll Deduction**

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**

Amount of Each Receipt this Period  
**5 0 4 7 2**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 0 0 9 4 4**

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y

**Payroll Deduction**

Mailing Address  
**2273 NE 88th Street**

City **Altoona** State **Iowa** Zip Code **50009**

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

Amount of Each Receipt this Period  
**1 4 2 3 2**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Asst. VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 8 4 6 4**

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y

**Payroll Deduction**

Mailing Address  
**3421 Briar Ridge**

City **West Des Moines** State **IA** 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  
**6 4 1 1 6**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 2 8 2 3 2**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1 2 8 8 2 0**

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

10030244974

**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 6 OF 6	
	<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) **Tjeerdsma, Bryant J.**

Date of Receipt  
 **Payroll Deduction**

Mailing Address  
**8855 Kingman Drive**

City **West Des Moines** State **Iowa** Zip Code **50266**

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

Amount of Each Receipt this Period **1 1 2 0 8**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Asst. VP, MPCU UW & Training**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2 2 4 1 6**

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

Date of Receipt

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Date of Receipt

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**SUBTOTAL** of Receipts This Page (optional).....▶ **1 1 2 0 8**

**TOTAL** This Period (last page this line number only).....▶ **3 8 3 6 5 2**

10030244975

**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**

A. Full Name (Last, First, Middle Initial)  
**Pomeroy for Congress**

Mailing Address  
**P.O. Box 75214**

City **Wasington** State **DC** Zip Code **20013**

Purpose of Disbursement **Contribution** Category/Type **0 1 1**

Candidate Name  
**Earl Pomeroy**

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

State: **ND** District: **At Large**

Date of Disbursement: **0 8 / 1 8 / 2 0 0 9**

Amount of Each Disbursement this Period: **1 0 0 0 0 0**

B. Full Name (Last, First, Middle Initial)  
**Friends of John Thune**

Mailing Address  
**912 F. Street, NW #1106**

City **Washington** State **D.C.** Zip Code **20004**

Purpose of Disbursement **Contribution** Category/Type **0 1 1**

Candidate Name  
**John Thune**

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

State: **SD** District:

Date of Disbursement: **0 9 / 1 7 / 2 0 0 9**

Amount of Each Disbursement this Period: **5 0 0 0 0**

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

Mailing Address  
**201 Massachusetts Avenue, NE Suite C-5**

City **Washington** State **DC** Zip Code **20002**

Purpose of Disbursement **Contribution** Category/Type **0 1 1**

Candidate Name

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

State: District:

Date of Disbursement: **0 9 / 2 5 / 2 0 0 9**

Amount of Each Disbursement this Period: **2 0 0 0 0 0**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **3 5 0 0 0 0**

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

10030244976

**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 2 OF 3

<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.

**Boswell for Congress**

Date of Disbursement

MM	DD	YYYY
10	12	2009

Mailing Address

**P.O. Box 6200**

City

**Des Moines**

State

**IA**

Zip Code

**50309**

Purpose of Disbursement

Contribution

011
-----

Amount of Each Disbursement this Period

100000
--------

Candidate Name

**Leonard Boswell**

Category/  
Type

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: **3**

Full Name (Last, First, Middle Initial)

B.

**King for Congress**

Date of Disbursement

MM	DD	YYYY
09	17	2009

Mailing Address

**116 N. Main Street. P.O. Box 400**

City

**Early**

State

**IA**

Zip Code

**50535**

Purpose of Disbursement

Contribution

011
-----

Amount of Each Disbursement this Period

100000
--------

Candidate Name

**Steve King**

Category/  
Type

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: **5th**

Full Name (Last, First, Middle Initial)

C.

**The Grassley Committee, Inc.**

Date of Disbursement

MM	DD	YYYY
09	25	2009

Mailing Address

**P.O. Box 1000**

City

**Des Moines**

State

**IA**

Zip Code

**50304**

Purpose of Disbursement

Contribution

011
-----

Amount of Each Disbursement this Period

100000
--------

Candidate Name

**Charles Grassley**

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input checked="" 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:

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

300000
--------

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

--

10030244977

**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 3 OF 3

<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.

Peterson for Congress

Date of Disbursement

M M	D D	Y Y Y Y
1 2	1 4	2 0 0 9

Mailing Address

236 Massachusetts Avenue, NE - Suite 603

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

0 1 1
Category/ Type

Amount of Each Disbursement this Period

1 0 0 0 0 0
-------------

Candidate Name

Collin Peterson

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

State: MN District: 7th

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	D D	Y Y Y Y

Mailing Address

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:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	D D	Y Y Y Y

Mailing Address

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).....▶

1 0 0 0 0 0
-------------

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

7 5 0 0 0 0
-------------

10030244978

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  
1/30/10  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

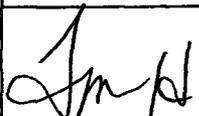
Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

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

2/12/10  
DATE PREPARED

1003024979