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**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 ▲

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <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 01 / 01 / 2009 through 06 / 30 / 2009

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 Deardorff

Signature of Treasurer  Date 07 / 30 / 2009

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									
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FEC FORM 3X
Rev. 12/2004

29030132977

**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
01	01	2009

 To:

MM	DD	YYYY
06	30	2009

29030132978

	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>2009</td></tr></table>	YYYY	2009		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>4416320</td></tr></table>	YYYY	4416320
YYYY						
2009						
YYYY						
4416320						
(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>4416320</td></tr></table>	YYYY	4416320			
YYYY						
4416320						
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>808409</td></tr></table>	YYYY	808409	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>808409</td></tr></table>	YYYY	808409
YYYY						
808409						
YYYY						
808409						
(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>5224729</td></tr></table>	YYYY	5224729	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>5224729</td></tr></table>	YYYY	5224729
YYYY						
5224729						
YYYY						
5224729						
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>753700</td></tr></table>	YYYY	753700	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>753700</td></tr></table>	YYYY	753700
YYYY						
753700						
YYYY						
753700						
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>4471029</td></tr></table>	YYYY	4471029	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>4471029</td></tr></table>	YYYY	4471029
YYYY						
4471029						
YYYY						
4471029						
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

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	1

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	0	9

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 9 8 6 7 2

3 9 8 6 7 2

(ii) Unitemized.....

4 0 4 3 6 8

4 0 4 3 6 8

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

8 0 3 0 4 0

8 0 3 0 4 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).....▶

8 0 3 0 4 0

8,030,400

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.).....

5 3 6 9

5 3 6 9

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)).....▶

8 0 8 4 0 9

8 0 8 4 0 9

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

8 0 8 4 0 9

8 0 8 4 0 9

29030132979

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

29030132980

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)	8 0 3 0 4 0	8 0 3 0 4 0
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))	2 3 7 0 0	2 3 7 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2 3 7 0 0	2 3 7 0 0

29030132981

**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 4	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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) **Deardorff, Oscar L.**

Mailing Address
15806 Maple Drive

City **Urbandale** State **Iowa** Zip Code **50232**

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

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Ex. Admin -Governmental Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 5 0 0 0

Date of Receipt
0 1 / 0 2 / 2 0 0 9

Amount of Each Receipt this Period
2 5 0 0 0

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

Mailing Address
603 13th Street, SE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 3 5 0 0

Date of Receipt
0 1 / 0 2 / 2 0 0 9

Amount of Each Receipt this Period
3 3 5 0 0

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

Mailing Address
8935 Lyndhurst

City **Johnston** State **Iowa** Zip Code **50131**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 7 2 0 0

Date of Receipt
0 1 / 0 2 / 2 0 0 9

Amount of Each Receipt this Period
2 7 2 0 0

SUBTOTAL of Receipts This Page (optional)..... ▶ **8 5 7 0 0**

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

29030132982

**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 2 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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) **Mc Kie, Melvin, J.**

Mailing Address
1100 Hillcrest

City **Creston** State **Iowa** Zip Code **50801**

FEC ID number of contributing federal political committee. **C 00117614**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Field Representative - Iowa**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20000**

Date of Receipt
01 / 02 / 2009

Amount of Each Receipt this Period
20000

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**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Sr. VP Multi Peril Dept.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **53760**

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
53760

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

Mailing Address
2035 NW 134th St

City **Urbandale** State **Iowa** Zip Code **50325**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **37488**

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
37488

SUBTOTAL of Receipts This Page (optional)..... ▶ **111248**

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

29030132983

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

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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
240 Linden Drive

City **Waukee** State **Iowa** Zip Code **50263**

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

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **V.P. CIO**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4 7 1 3 6

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
4 7 1 3 6

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**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5 0 4 7 2

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
5 0 4 7 2

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**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6 1 4 1 6

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
6 4 1 1 6

SUBTOTAL of Receipts This Page (optional)..... ▶ **1 6 1 7 2 4**

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

29030132984

**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 4 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) **Shepard, Rebecca**

Mailing Address
1500 Crown Colony Court, #610

City **Des Moines** State **Iowa** Zip Code **50215**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 0 0 0 0

Date of Receipt
0 1 / 0 2 / 2 0 0 9

Amount of Each Receipt this Period
4 0 0 0 0

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)..... ▶ **4 0 0 0 0**

TOTAL This Period (last page this line number only)..... ▶ **3 9 8 6 7 2**

29030132985

**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.		Date of Disbursement	
Latham for Congress		MM / DD / YYYY 02 / 19 / 2009	
Mailing Address P.O. Box 71			
City	State	Zip Code	
Clarion	Iowa	50525	
Purpose of Disbursement Contribution		Category/ Type	Amount of Each Disbursement this Period
		0 1 1	5 0 0 0 0
Candidate Name Tom Latham			
Office Sought:	<input checked="" 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: IA	District: 4th		

B.		Date of Disbursement	
NAMIC PAC		MM / DD / YYYY 03 / 31 / 2009	
Mailing Address 122 "C" Street NW, Suite 540			
City	State	Zip Code	
Washington	DC	20001	
Purpose of Disbursement Contribution		Category/ Type	Amount of Each Disbursement this Period
		0 1 1	2 0 0 0 0 0
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:		

C.		Date of Disbursement	
PCI PAC		MM / DD / YYYY 03 / 31 / 2009	
Mailing Address 2600 South River Road			
City	State	Zip Code	
Des Plaines	IL	60018-3286	
Purpose of Disbursement Contribution		Category/ Type	Amount of Each Disbursement this Period
		0 1 1	2 0 0 0 0 0
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)..... ▶

4 5 0 0 0 0

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

29030132986

**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 2

<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)

<p>A. Moran for Kansas</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jerry Moran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KS District: 1st</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>150000</p>
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<p>B. Latham for Congress</p> <p>Mailing Address P.O. Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Tom Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 4th</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 06 / 20 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>50000</p>
--	--	--

<p>C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p>
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SUBTOTAL of Disbursements This Page (optional).....▶	200000
TOTAL This Period (last page this line number only).....▶	650000

29030132987

**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"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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

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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)
Iowa Insurance Institute Political Action Committee

Date of Disbursement
MM / DD / YYYY
01 / 01 / 2009

Mailing Address
505 5th Avenue, #729

City State Zip Code
Des Moines IA 50112

Purpose of Disbursement
Category/Type: 011

Candidate Name

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

State: District:

Amount of Each Disbursement this Period
40000

B. Full Name (Last, First, Middle Initial)
Iowa Industry Political Action Committee

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2009

Mailing Address
904 Walnut Street, #100

City State Zip Code
Des Moines IA 50309

Purpose of Disbursement
Category/Type: 011

Candidate Name

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

State: District:

Amount of Each Disbursement this Period
40000

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement
Category/Type

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶ 80000

TOTAL This Period (last page this line number only)..... ▶ 80000

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Federal Election Commission
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29030132989

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/29/09</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] PREPARER *7/30/09*
DATE PREPARED