REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -1 A 10: 20

C00117614 102700 N 282
KEN FELTON
FARMERS MUTUAL HAIL INS CO OF
IOWA POLITICAL ACTION COMMITTE
2323 GRAND AVENUE
DES MOINES IA 50312

2. FEC IDENTIFICATION NUMBER

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
(Qualified prior to January 1, 1984)

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 [ ] Sept 20 [ ] January 31

[ ] 12-Day Pre-Election Report for the ____ (Type of Election) election on ____ in the State of ____

[X] 30-Day Post-Election Report following the General Election

On November 7, 2000 In the State of IOWA

(b) Is this Report an Amendment? [ ] Yes [X] No

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period October 1, 2000 through November 27, 2000		
6. (a)	Cash on Hand January 1, 2000		$ 25,834.15
(b)	Cash on Hand at Beginning of Reporting Period	$ 26,912.09	
(c)	Total Receipts (from Line 19)	$ 798.02	$ 10,768.25
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 27,710.11	$ 36,602.40
7.	Total Disbursements (from Line 30)	$ 502.12	$ 9,394.41
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 27,207.99	$ 27,207.99
9.	Debts and Obligations Owed TO the committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10.	Debts and Obligations Owed BY the committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Kenneth W. Felton

Signature of Treasurer: Kenneth W. Felton

Date: 10-27-2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C.§437g.

FEC FORM 3X
(revised 9/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X (revised 1/1/91)

NAME OF COMMITTEE
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

REPORT COVERING PERIOD
FROM: October 01, 2000 TO: November 27, 2000

	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)	446.80	3,720.00	11(a)(i)
ii. Unitemized	351.22	6,177.20	11(a)(ii)
iii. Total (add i and ii) >	798.02	9,897.20	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	798.02	9,897.20	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.)	0.00	871.05	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	798.02	10,768.25	19
20. Total Federal Receipts (subtract line 18 from line 19) >	798.02	10,768.25	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	2.12	12.38	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	2.12	12.38	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	9,000.00	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			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements Federal Taxes	0.00	362.03	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	502.12	9,394.41	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	502.12	9,394.41	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	798.02	9,897.20	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	798.02	9,897.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2.12	12.38	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	2.12	12.38	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Greg Moek 9403 Oakwood Dr Des Moines, Iowa 50322 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: V P Crop Hail - Claims Aggregate Year-to-Date > $519.60	payroll deduction	51.96 $51.96 Monthly
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Rutledge 240 Linden Drive Waukee, Iowa 50263-8531 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Vice President - Information Services Aggregate Year-to-Date > $553.40	payroll deduction	55.34 $55.34 Monthly
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Scott Rutledge 1501 Buffalo Rd West Des Moines, Iowa 50265 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Sr V.P. Crop Hail Aggregate Year-to-Date > $427.20	payroll deduction	42.72 $42.72 Monthly
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steve Rutledge 3421 Briar Ridge West Des Moines, Iowa 50265 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Sr. VP - MPCI Aggregate Year-to-Date > $720.00	payroll deduction	80.00 $80.00 Monthly
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William A. Rutledge 3915 SW 28th Place Des Moines, Iowa 50321 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: President Aggregate Year-to-Date > $1,026.00	payroll deduction	102.60 $102.60 Monthly
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Don Bevins 321-31st St. West Des Moines, Iowa 50265 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Vice President - Crop Hail Sales Aggregate Year-to-Date > $295.40	payroll deduction	29.54 $29.54 Monthly
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Walt Jones 3101 Mary Lynn Drive Des Moines, Iowa 50322 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Farmers Mutual Hail Insurance Company of Iowa Occupation: Ass't VP - Research & Development Aggregate Year-to-Date > $275.00	payroll deduction	27.50 $27.50 Monthly

SUBTOTAL of Receipts This Page (optional) 389.66

TOTAL This Period (last page this line number only) 389.66

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Pfannebecker 185 Terrace Dr Waukee, Iowa 50263 Receipt For: Primary General [X] Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation: VP Multi-Peril Aggregate Year-to-Date > $245.20	payroll deduction	24.52 $24.52 Monthly
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mike Rutledge 3505 SW 27th Des Moines, Iowa 50321-2622 Receipt For: Primary General [X] Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation: Aggregate Year-to-Date > $320.62	payroll deduction	32.62 $32.62 Monthly
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General [X] Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation: Aggregate Year-to-Date > $0.00	payroll deduction	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General [X] Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation: Aggregate Year-to-Date > $0.00	payroll deduction	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General [X] Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation: Aggregate Year-to-Date > $0.00	payroll deduction	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General [ ] Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation: Aggregate Year-to-Date > $0.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General [ ] Other (specify):	Name of Employer: Farmers Mutual Hail Insurance Company of Iowa Occupation: Aggregate Year-to-Date > $0.00		

SUBTOTAL of Receipts This Page (optional) 57.14

TOTAL This Period (last page this line number only) 446.80

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
Nussle for Congress Committee PO Box 324 Manchester, Ia 52057	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/2000	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
Wells Fargo Bank Iowa, N.A. 666 Walnut Street Des Moines, Iowa 50309	Bank Account Charge Disbursement for: Primary General X Other (specify)	10/31/2000	2.12
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2.12

TOTAL This Period (last page this line number only) 2.12

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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	POSTMARKED 11/27/00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR — PREPARER

12/1/00 — DATE PREPARED

(6/2000)