

THE HY-VEE EMPLOYEES' PAC

A Political Action Committee

1801 Osceola Avenue
Chariton, Iowa, 50049
Phone 515-774-2121

FEB 7 11 11 AM '95

February 1, 1995

CERTIFIED MAIL

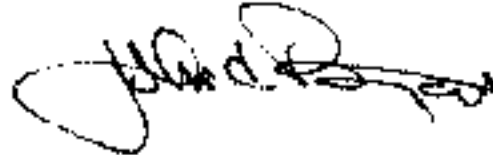
Federal Election Commission
1325 K Street N W
Washington, DC 20463

Gentlemen:

Enclosed herewith is our Report of Receipts and Disbursements for a Political Committee other than an Authorized Committee, FEC Form 3X, covering the period from January 1, 1995, through January 31, 1995.

Yours very truly,

THE HY-VEE EMPLOYEES' PAC



John Briggs, Treasurer

JB/sb

enclosure

95033951020

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Hy-Vee Food Stores, Inc. Employees' Political Action Committee	FEB 1 10 11 AM '95
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1801 Osceola Ave.	2. FEC IDENTIFICATION NUMBER C 00243659
CITY, STATE and ZIP CODE Chariton, Iowa 50049	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:
- | | | |
|---|---------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>1-1-95</u> through <u>1-31-95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ <u>14,199.58</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>14,199.58</u>	
(c) Total Receipts (from Line 19)	\$ <u>2,926.00</u>	\$ <u>2,926.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>17,125.58</u>	\$ <u>17,125.58</u>
7. Total Disbursements (from Line 30)	\$ <u>450.00</u>	\$ <u>450.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>16,675.58</u>	\$ <u>16,675.58</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	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)	\$	

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
John C. Briggs

Signature of Treasurer

Date

2-1-95

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM SX

(revised 1/1/91)

NAME OF COMMITTEE Hy-Vee Food Stores, Inc. Employees' Political Action Committee		REPORT COVERING PERIOD FROM 1-1-95 TO 1-31-95	
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) _____			
ii. Unitemized _____			
iii. Total _____ (add i and ii) >			
b. Political Party Committees _____			
c. Other Political Committees (such as PACs) _____			
d. Total Contributions _____ (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees _____			
13. All Loans Received _____			
14. Loan Repayments Received _____			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) _____			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees _____			
17. Other Federal Receipts (Dividends, Interest, etc.) _____			
18. Transfers from Nonfederal Account for Joint Activity _____			
19. Total Receipts _____ (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts _____ (subtract line 16 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share _____			
ii. Non-Federal Share _____			
b. Other Federal Operating Expenditures _____			
c. Total Operating Expenditures _____ (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees _____			
23. Contributions to Federal Candidates/Committees and Other Political Committees _____			
24. Independent Expenditures (use Schedule E) _____			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) _____			
26. Loan Repayments Made _____			
27. Loans Made _____			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees _____			
b. Political Party Committees _____			
c. Other Political Committees (such as PACs) _____			
d. Total Contribution Refunds _____ (add a, b and c) >			
29. Other Disbursements _____			
30. Total Disbursements _____ (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements _____ (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d) _____			
33. Total Contribution Refunds (from line 28d) _____			
34. Net Contributions (other than loans)(subtract line 33 from 32) _____			
35. Total Federal Operating Expenditures _____ (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15) _____			
37. Net Operating Expenditures _____ (subtract line 36 from 35) >			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
Hy-Vee Food Stores Inc., Employees' Political Action Committee

95039051023

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TRUMAN FUND DEMOCRATIC PARTY OF IOWA 2116 GRAND AVE. DES MOINES, IA 50315	CONTRIBUTION TO THE DEMOCRATIC PARTY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-5-95	250.00
EISENHOWER FUND REPUBLICAN PARTY OF IOWA 521 E LOCUST DES MOINES, IA 50309	CONTRIBUTION TO THE REPUBLICAN PARTY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-5-95	200.00
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)	450.00
TOTAL This Period (last page this line number only)	450.00

**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

Registered/Certified Mail POSTMARKED
2-2-95

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

JMH
 PREPARER

2-7-95
 DATE PREPARED

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