

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER 2004 OCT -6 A 9 48 Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FB4M5 Hy-Vee, Inc. Employees' Political Action Committee

ADDRESS (number and street) 5820 Westcove Parkway West Des Moines IA 50266

2. FEC IDENTIFICATION NUMBER 00243659 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Report: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for this: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for this: General, Runoff, Special

5. Covering Period 09/01/2004 through 09/30/2004

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 Brummet Signature of Treasurer [Signature] Date 10/01/2004

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Hy-Vee, Inc. Employees' Political Action Committee

Report Covering the Period:

From:

09 01 2004

To:

09 30 2004

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2004

23,815.55

(b) Cash on Hand at
Beginning of Reporting Period

39,975.57

(c) Total Receipts (from Line 18)

73,814

19,248.16

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

40,713.71

43,063.71

7. Total Disbursements (from Line 30)

0

2,350.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

40,713.71

40,713.71

9. Debts and Obligations Owed TO
the Committee (itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (itemize all on
Schedule C and/or Schedule D)

0



This committee has qualified as a multicandidate committee. (see FEC FORM 1A)

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 (Revised 1/01)

Write or Type Committee Name

Hy-Vee, Inc. Employees' Political Action Committee

Report Covering the Period:

From:

09 01 2004

To:

09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individual/Person Other Than Political Committees (i) Itemized (use Schedule A)	2500	
(ii) Unitemized	7131.4	
(ii) TOTAL (add Lines 11(a)(i) and (ii))	7381.4	19,248.14
(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 32, page 4)	7381.4	19,248.14
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 36, page 4)		
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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7381.4	19,248.14
20. Total Federal Receipts (subtract Line 18 from Line 19)	7381.4	19,248.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(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. §41a(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		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 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 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Lines 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 16, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

5,000.00

1,850.00

2,350.00

2,350.00

738.14

738.14

19,248.16

19,248.16

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

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

FOR LINE NUMBER: PAGE / OF 4
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from each Report 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, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ron Pearson

Mailing Address

5534 Glen Oaks Pointe

City

West Des Moines IA 50266

FEC ID number of contributing federal political committee

C

Name of Employer

Hy-Vee, Inc.

Occupation

Chairman

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02/01/2011

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Billy Bulmar

Mailing Address

100 Lakeview Drive

City

Colona IL 61241

FEC ID number of contributing federal political committee

C

Name of Employer

Hy-Vee, Inc.

Occupation

Store Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02/01/2011

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. John Hubler

Mailing Address

2895 Silver Oak Trail

City

Marion IA 52302

FEC ID number of contributing federal political committee

C

Name of Employer

Hy-Vee, Inc.

Occupation

Store Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02/01/2011

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

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 contributors.

NAME OF COMMITTEE (In Full)
Hy-Vee, Inc. Employees' Political Action Committee

A. Lewis Snook
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1004 Waterfront Drive**
 City: **Ankeny** State: **IA** Zip Code: **50021**
 Date of Receipt: [] [] [] [] [] [] [] [] [] [] [] []
 Amount of Each Receipt this Period: **300.00**
 Name of Employer: **Hy-Vee, Inc.** Occupation: **Store Director**
 Receipt For: Primary General Other (specify) **300.00**
 FEC ID number of contributing federal political committee: **C**

B. Richard Jurgens
 Full Name (Last, First, Middle Initial)
 Mailing Address: **3003 Jordan Drive**
 City: **West Des Moines** State: **IA** Zip Code: **50265**
 Date of Receipt: [] [] [] [] [] [] [] [] [] [] [] []
 Amount of Each Receipt this Period: **450.00**
 Name of Employer: **Hy-Vee Inc** Occupation: **President**
 Receipt For: Primary General Other (specify) **450.00**
 FEC ID number of contributing federal political committee: **C**

C. Marcus Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1219 West 15th St South**
 City: **Newton** State: **IA** Zip Code: **50208**
 Date of Receipt: [] [] [] [] [] [] [] [] [] [] [] []
 Amount of Each Receipt this Period: **225.00**
 Name of Employer: **Hy-Vee, Inc.** Occupation: **Store Director**
 Receipt For: Primary General Other (specify) **225.00**
 FEC ID number of contributing federal political committee: **C**

SUBTOTAL of Receipts This Page (optional) **975.00**
 TOTAL This Period (See page 1 for line number only) **975.00**

**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 9	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
By-Vee, Inc. Employees' Political Action Committee

A. Rose Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5707 Pommel Court**
 City: **West Des Moines IA 50266**
 State: **IA** Zip Code: **50266**
 Name of Employer: **Hy-Vee, Inc.** Occupation: **Vice President**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **225.00**
 FEC ID number of contributing federal political committee: **C**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: [] [] [] [] [] []

B. John Louning
 Full Name (Last, First, Middle Initial)
 Mailing Address: **9260 Alvar 36th St**
 City: **Falk City IA 50226**
 State: **IA** Zip Code: **50226**
 Name of Employer: **Hy-Vee, Inc.** Occupation: **Store Director**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **225.00**
 FEC ID number of contributing federal political committee: **C**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: [] [] [] [] [] []

C. Tacee Skaybaught
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4920 N. 142nd Street**
 City: **Osceola NE 68164**
 State: **NE** Zip Code: **68164**
 Name of Employer: **Hy-Vee, Inc.** Occupation: **Store Director**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **225.00**
 FEC ID number of contributing federal political committee: **C**

Date of Receipt: [] [] [] [] [] []
 Amount of Each Receipt this Period: [] [] [] [] [] []

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

**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 4				
(check only one)						
<input 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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22

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NAME OF COMMITTEE (In Full)
Hy-Vee, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
Scott Youngberg

Mailing Address
3510 Rim Rock Drive NE

City *Cedar Rapids* State *IA* Zip Code *52402*

FEC ID number of contributing federal political committee
CI

Name of Employer
Hy-Vee, Inc Occupation
Store Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22500

Date of Receipt
____, ____ , ____

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
Randy Edeker

Mailing Address
2955 Belfry Dr SW

City *West Des Moines* State *IA* Zip Code *50265*

FEC ID number of contributing federal political committee
CI

Name of Employer
Hy-Vee, Inc. Occupation
Ass + V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22500

Date of Receipt
09 *02* *2004*

Amount of Each Receipt this Period
2500

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee
CI

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) *2500*

TOTAL This Period (see page 1 for number only) *2500*

**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 / OF /

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input 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"/> 29

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NAME OF COMMITTEE (In Full)

Hy-Vee, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Month	Day	Year

A.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Month	Day	Year

B.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Month	Day	Year

C.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Signature: _____
 Date: _____

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-1-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>JMW</i> PREPARER	10-6-04 DATE PREPARED

(5/2004)