

THE HY-VEE EMPLOYEES' PAC

A Political Action Committee

The Hy-Vee Employees' PAC
5820 Westown Parkway
West Des Moines IA 50266

January 2, 1996

CERTIFIED MAIL

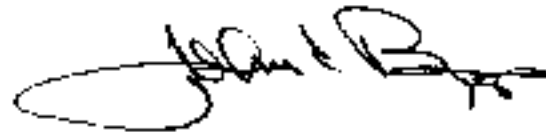
Federal Election Commission
999 E Street N W
Washington, DC 20463

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 December 1, 1995, through December 30, 1995.

Yours very truly,

THE HY-VEE EMPLOYEES' PAC



John Briggs, Treasurer

JB/gg

enclosure

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JAN 15 2 20 11 '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) My Vee Food Stores, Inc. Employees' Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1801 Osceola Ave.	2. FEC IDENTIFICATION NUMBER C 00213659
CITY, STATE and ZIP CODE Chariton, Iowa 50019	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 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 checked="" 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>12-1-95</u> through <u>12-31-95</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>25,333.26</u>	
(c) Total Receipts (from Line 19)	\$ <u>508.00</u>	\$ <u>16,924.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>25,841.26</u>	\$ <u>31,123.58</u>
7. Total Disbursements (from Line 20)	\$ <u>350.00</u>	\$ <u>5,632.32</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>25,491.26</u>	\$ <u>25,491.26</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 929 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3470
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 1-2-96

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

9503014403

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Hy-Vee Food Stores, Inc. Employees' Political Action Committee REPORT COVERING PERIOD FROM 12-1-95 TO 12-31-95

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Nonitemized (use Schedule A)		160.00	2,495.00
ii. Itemized		348.00	14,429.00
iii. Total	(add i and ii) >	508.00	16,924.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a i, b and c) >	508.00	16,924.00
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) >	508.00	16,924.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	508.00	16,924.00
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			12.32
c. Total Operating Expenditures	(add a i, e. i, and b) >		12.32
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		500.00	5,270.00
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. Individuals/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		(150.00)	350.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	350.00	5,632.32
31. Total Federal Disbursements	(subtract line 21 a. i from line 30) >	350.00	5,632.32
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		508.00	16,924.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		508.00	16,924.00
35. Total Federal Operating Expenditures	(add 21 a. i and 21 b) >		12.32
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >		12.32

9 5 3 0 1 4 4 0 A

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Pearson 5535 Glen Oaks Pointe West Alle Moines, Iowa 50246	Hy Vee Food Stores Inc.		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Chairman President, CEO		
	Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Allen 805 Longview Council Bluffs, Iowa 51501	Hy Vee Food Stores, Inc.		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Store Manager		
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Brown Route #1 Quail Ridge Sergeant Bluff, Iowa 51154	Hy Vee Food Stores, Inc.		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Store Manager		
	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy Goleks 3011 20th St Columbus NE 68601	Hy Vee Food Stores, Inc.	12-1-95	25.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Store Manager		
	Aggregate Year-to-Date > \$ 335.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Kirsch 4820 Mordle Road NE Cedar Rapids Iowa 52411	Hy Vee Food Stores, Inc.		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Store Manager		
	Aggregate Year-to-Date > \$ 480.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Youngberg 203 Sonita Ave Marshall MN 56258	Hy Vee Food Stores, Inc.		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Store Manager		
	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Bean 8101 Wellington Blvd Johnston Iowa 50131	Hy Vee Food Stores, Inc.	12-1-95	25.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Assistant Vice President		
	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) 50.00

TOTAL This Period (last page this line number only)

5
4
3
2
1
0
9
8
7
6
5
4
3
2
1
0
9
8
7
6
5
4
3
2
1
0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4 FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

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

3403014906

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Robertson 1032 N 6th Chariton, Iowa 50049 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 300.00	12-1-95	25.00
Michael Wheeler 906 NW Campus Ridge Ct Ankeny, Iowa 50021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 300.00	12-1-95	25.00
Kenneth Butcher 1018 Campus Ridge Ct. Ankeny, Iowa 50021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	--	--
Mike Christensen 609 North 5th Avenue Washington, Iowa 52353 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	12-6-95	20.00
Joe Frizzell #937 Utah Ames, Iowa 50010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	--	--
Carter Dean Howe 1621 Sunrise Drive NE Polk, Iowa 52233 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	--	--
Richard Thompson 2902 30th Street 7701ine, Illinois 61265 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	--	--

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bonning 9260 N.W. 36th Street Polk City, Iowa 50226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 225.00	--	--
B. Full Name, Mailing Address and ZIP Code Anthony McLean 3101 Crystal Drive Burlington, Iowa 52601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	--	--
C. Full Name, Mailing Address and ZIP Code Brian Moon 159 Norwood Council Bluffs, Iowa 51503 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	--	--
D. Full Name, Mailing Address and ZIP Code George Norton 576 Napa Valley Drive Waukegan, Iowa 50263 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 210.00	--	--
E. Full Name, Mailing Address and ZIP Code Rebecca Aee 603 Fireside Drive Cedar Falls, Iowa 50613 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 210.00	--	--
F. Full Name, Mailing Address and ZIP Code Tina Sullivan 1311 Baldwin Harlan, Iowa 51537 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	--	--
G. Full Name, Mailing Address and ZIP Code Charles Bell 2912 Druid Hill Avenue Des Moines, Iowa Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 240.00	12-1-95	20.00

SUBTOTAL of Receipts This Page (optional) 20.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

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

9603014903

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Taylor 13116 Elmorte Roadwood, KS 66209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: District Manager Aggregate Year-to-Date \$ 240.00	12-1-95	20.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	20.00
TOTAL This Period (last page this line number only)	160.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to Other PAC 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
Food PAC 800 Connecticut Ave Washington, DC 20006-2701		12-21-95	500.00
B. 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
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)	500.00
TOTAL This Period (last page this line number only)	500.00

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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

Registered/Certified Mail

POSTMARKED

1-3-96

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

NBT

PREPARER

1-16-96
DATE PREPARED

9503014000