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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

File Use Only

1. NAME OF COMMITTEE (in full) **USE PREC MARKED LABEL OR TYPE OR PRINT ✓** Example: typing type over the lines
12FEAMS
HyVee, Inc. Employees Political

Action Committee

ADDRESS (number and street) **5820 Westown Parkway**

Check if different than previously reported (AGG)
West Des Moines IA 50266

2. FEC IDENTIFICATION NUMBER **C** CITY STATE ZIP CODE

00243659

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 Dec
 Feb 20 (M2)
 May 20 (M5)
 Aug 20 (M8)
 Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3)
 Jun 20 (M6)
 Sep 20 (M9)
 Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4)
 Jul 20 (M7)
 Oct 20 (M10)
 Jan 31 (YE)

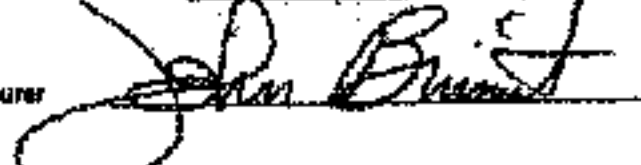
(c) 15-Day PRE-Election Report for the:
 Primary (15P)
 General (12G)
 Runoff (12R)
 Convention (12C)
 Special (12S)
Election on [] [] [] in the State of []

(d) 30-Day POST-Election Report for the:
 General (30G)
 Runoff (30R)
 Special (30S)
Election on [] [] [] in the State of []

5. Covering Period **03/01/2002** through **03/31/2002**

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 Brunitt**

Signature of Treasurer  Date **04/15/2002**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5417g.