

RECEIVED
FEB 13 10 5 05

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. 12PE4M5

Hy-Way, Inc. Employees' Political Action Committee

ADDRESS (number and street) 5820 Westown Parkway

Check if different than previously reported. (ADC)

West Des Moines IA 50266

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00243659 IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

<input type="checkbox"/> April 15 Quarterly Report (Q1)	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> July 15 Quarterly Report (Q2)	<input type="checkbox"/> Mar 20 (M3)	<input checked="" type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> October 15 Quarterly Report (Q3)	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)
<input type="checkbox"/> January 31 Year-End Report (YE)				
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)				
<input type="checkbox"/> Termination Report (TER)				

(b) Monthly Report Due On:

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

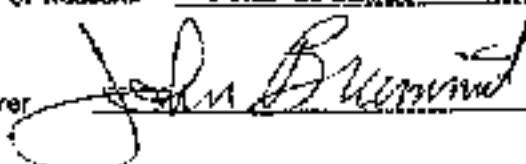
<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 05 01 2002 through 05 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 06 04 2002

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

Ky-Vee, Inc. Employees' Political Action Committee

Report Covering the Period: From: 05 01 2002 To: 05 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>1277528</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>1947431</u>	
(c) Total Receipts (from Line 19)	<u>78165</u>	<u>1228068</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>2025596</u>	<u>2505596</u>
7. Total Disbursements (from Line 30)	<u>0</u>	<u>480000</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>2025596</u>	<u>2025596</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	

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

For further information contact:

Federal Election Commission
899 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form SX (Revised 1/01)

Page 3

Write or Type Committee Name

Hy-Vee, Inc. Employees' Political Action Committee

Report Covering the Period:

From:

09 01 2002

To:

09 31 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) from:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0	
(ii) Unitemized	78,165	
(ii) TOTAL (add		
Lines 11(a)(i) and (ii)	78,165	127,806.88
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	78,165	127,806.88
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 30, 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)	78,165	127,806.88
20. Total Federal Receipts (subtract Line 18 from Line 19)	78,165	127,806.88

20020931 12:00:00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

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. §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 Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 29(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 Line 21(s)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

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

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

FOR LINE NUMBER: PAGE / OF 2
(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
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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, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ron Pearson

Mailing Address

5534 Glen Oaks Pointe

City

West Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing federal political committee.

C

Name of Employer

Hy-Vee, Inc.

Occupation

Chairman, CEO, COO

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08/15/08

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Billy Bulman

Mailing Address

100 Lakeside Drive

City

Galena

State

IL

Zip Code

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 ▼

200.00

Date of Receipt

08/15/08

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. John Hubler

Mailing Address

2895 Silver Oak Trail

City

Marion

State

IA

Zip Code

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 ▼

200.00

Date of Receipt

08/15/08

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

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

FORM 3X (REV. 1/07)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2

(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
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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)

Ny-Vee, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Jurgens

Mailing Address

3009 Jordan Grove

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing federal political committee

C

Name of Employer

Ny-Vee, Inc.

Occupation

President, CAO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**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"/> 21b	<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"/> 28c	<input type="checkbox"/> 29
------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------------	------------------------------	------------------------------	-----------------------------

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, Inc. Employees' Political Action Committee

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement This Period: _____

Category/Type: _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement This Period: _____

Category/Type: _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement This Period: _____

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional) _____ ▶

TOTAL This Period (last page this line number only) _____ ▶

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input checked="" type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C) 6-5-02
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>SES</i> PREPARER		6-17-02 DATE PREPARED

(6/20/02)