

THE HY-VEE EMPLOYEES' PAC

A Political Action Committee

5820 Westown Parkway
West Des Moines IA 50266

515-267-2800

July 3, 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 June 1, 1995, through June 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)

RECEIVED
JUL 10 11 54 AM '95

USE TO MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Hy-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 00243659
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 checked="" 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

5. Covering Period <u>6-1-95</u> through <u>6-30-95</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
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>21,062.58</u>	
(c) Total Receipts (from Line 19)	\$ <u>502.00</u>	\$ <u>8,215.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>21,564.58</u>	\$ <u>22,414.58</u>
7. Total Disbursements (from Line 30)	\$ <u>2,400.00</u>	\$ <u>3,250.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>19,164.58</u>	\$ <u>19,164.58</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 599 E Street NW Washington, DC 20463 Toll Free 800-424-9520 Local 202-219-3423
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 7-3-95

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

95039014209

**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 6-1-95 TO 6-30-95
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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)	0.00	270.00
ii. Unitemized	502.00	7,945.00
iii. Total..... (add i and ii) >	502.00	8,215.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions..... (add a ii, b and c) >	502.00	8,215.00
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) >	502.00	8,215.00
20. Total Federal Receipts..... (subtract line 18 from line 19) >	502.00	8,215.00

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		
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	2,400.00	3,250.00
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. 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) >	2,400.00	3,250.00
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >	2,400.00	3,250.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans); (from line 11d)	502.00	8,215.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	502.00	8,215.00
35. Total Federal Operating Expenditures		
..... (add 21 a i and 21 b) >		
36. Offsets in Operating Expenditures (from line 15)		
37. Net Operating Expenditures..... (subtract line 36 from 35) >		

SCHEDULE A

ITEMIZED RECEIPTS

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 Des Moines, Iowa 52266	Hy-Vee Food Stores, Inc.	N/A	0.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President, CEO Aggregate Year-to-Date > \$ 300.00		
Bob Kirsch 4820 Mowdle Road NE Cedar Rapids, Iowa 52411	Hy-Vee Food Stores, Inc.	N/A	0.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page the line number only)	0.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2 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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Boswell Leonard L Boswell RR1 Box 130 Davis City, Iowa 50065	Iowa 44th Senate District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-2-95	125.00
Mrs Karen for Senate Perry! The Karen RR1 Box 220 Farnest, Iowa 51637	Iowa 43RD Senate District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-2-95	100.00
John Jensen for Senate John W Jensen RR1 Box 103 Plainfield, Iowa 50666	Iowa 11th Senate District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-95	75.00
Citizens for Connolly Michael W Connolly 3458 Daniefa Dubuque, Iowa 52002	Iowa 18th Senate District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-95	100.00
Kante for State House Christopher Kante 2740 S. Glass Davis City, Iowa 51106	Iowa 3RD House District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-95	100.00
Dorothy Murphy Campaign 531 6th St. NW Osceola, Iowa 50662	Iowa 14th Senate District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-95	100.00
Corbett for Representative Ron J Corbett 1517 D Avenue NE Ledar Rapids, Iowa 52402	Iowa 52ND House District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-95	150.00
Citizens for Siegrist Brent Siegrist 714 Grace Council Bluffs, Iowa 51503	Iowa 8th House District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-95	150.00
People for Ganake Greg Ganake 5206 Waterbury Road Des Moines, Iowa 50312	Ganake for US Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-16-95	500.00

SUBTOTAL of Disbursements This Page (optional) 1,400.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOH 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 in soliciting contributions from such committee.

NAME OF COMMITTEE (in Full)
By Vee Food Stores Inc., Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Transfer to another PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC Transfer	Date (month, day, year)	Amount of Each Disbursement This Period
Food PAC 800 Connecticut Ave NW Washington DC 20006		6-28-95	1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	2,400.00

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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
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<input type="checkbox"/> First Class Mail	POSTMARKED
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<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/3/95
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
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<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
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<input type="checkbox"/> Other (Specify):	POSTMARKED
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and/or DATE OF RECEIPT

J.A.W.	7/10/95
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PREPARER

DATE PREPARED

95039014214