

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
FBL FINANCIAL GROUP INC PAC

ADDRESS (number and street) **5400 UNIVERSITY AVE**
Check if different than previously reported. (ACC) **WEST DES MOINES IA 50266**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00317297 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 On:
 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) 12-Day PRE-Election Report for the:
 Primary (12P) 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 / / 2026 through / / 2026

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 **May, Clint, J, ,**

Signature of Treasurer **May, Clint, J, ,** Date / / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FBL FINANCIAL GROUP INC PAC

Report Covering the Period: From: 01 / 01 / 2026 To: 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		60317.24
(b) Cash on Hand at Beginning of Reporting Period.....	60317.24	
(c) Total Receipts (from Line 19)	7951.72	7951.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68268.96	68268.96
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68268.96	68268.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FBL FINANCIAL GROUP INC PAC

Report Covering the Period: From: / / To: / /

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).....	2941.75	2941.75
(ii) Unitemized	5009.97	5009.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7951.72	7951.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7951.72	7951.72
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7951.72	7951.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7951.72	7951.72

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7951.72	7951.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7951.72	7951.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)

<input checked="" 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)
FBL FINANCIAL GROUP INC PAC

A. Clark, Lauren, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 403 E North St

City Madrid	State IA	Zip Code 50156
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FBL Financial Group	Occupation (for Individual) Insurance Executive
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 19 / 2026
Transaction ID : SA11AI.17062

Amount of Each Receipt this Period
83.34

Memo Item
Contribution

B. DeCook, Thomas, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6734 S 163rd St

City Omaha	State NE	Zip Code 68135
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FBL Financial Group, Inc.	Occupation (for Individual) Business Center Agency Spec Manage
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 19 / 2026
Transaction ID : SA11AI.17076

Amount of Each Receipt this Period
83.34

Memo Item
Contribution

C. Eddy, Kellie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 680 58th PL

City West Des Moines	State IA	Zip Code 50266
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FBL Financial Group	Occupation (for Individual) Insurance Executive
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.34

Date of Receipt
01 / 16 / 2026
Transaction ID : SA11AI.16961

Amount of Each Receipt this Period
208.34

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.02
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 7 OF 12
	<input checked="" 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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NAME OF COMMITTEE (In Full)
FBL FINANCIAL GROUP INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Eddy, Kellie, , ,			Date of Receipt MM / DD / YYYY 02 / 18 / 2026 Transaction ID : SA11AI.17041
Mailing Address 680 58th PL			Amount of Each Receipt this Period 208.34
City West Des Moines	State IA	Zip Code 50266	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) FBL Financial Group		Occupation (for Individual) Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eddy, Kellie, , ,			Date of Receipt MM / DD / YYYY 03 / 19 / 2026 Transaction ID : SA11AI.17080
Mailing Address 680 58th PL			Amount of Each Receipt this Period 208.34
City West Des Moines	State IA	Zip Code 50266	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) FBL Financial Group		Occupation (for Individual) Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Koster, Daniel, , ,			Date of Receipt MM / DD / YYYY 02 / 18 / 2026 Transaction ID : SA11AI.17030
Mailing Address 2615 Jerry Circle			Amount of Each Receipt this Period 125.00
City Van Meter	State IA	Zip Code 50261	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) FBL Financial Group		Occupation (for Individual) Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	541.68
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 8 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FBL FINANCIAL GROUP INC PAC

A. Koster, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 Jerry Circle
 City Van Meter State IA Zip Code 50261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBL Financial Group Occupation (for Individual) Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 19 / 2026
Transaction ID : SA11AI.17087
 Amount of Each Receipt this Period 125.00
 Memo Item
 Contribution

B. Mead, Ronald L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 SW 7th St Apt 17
 City Des Moines State IA Zip Code 50309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBL Financial Group Occupation (for Individual) Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt 01 / 16 / 2026
Transaction ID : SA11AI.16980
 Amount of Each Receipt this Period 208.34
 Memo Item
 Contribution

C. Mead, Ronald L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 SW 7th St Apt 17
 City Des Moines State IA Zip Code 50309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBL Financial Group Occupation (for Individual) Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 02 / 18 / 2026
Transaction ID : SA11AI.17025
 Amount of Each Receipt this Period 208.34
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	541.68
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 9 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FBL FINANCIAL GROUP INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mead, Ronald L, , ,

Mailing Address 555 SW 7th St Apt 17

City Des Moines	State IA	Zip Code 50309
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FBL Financial Group	Occupation (for Individual) Insurance Executive
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.02

Date of Receipt
MM / DD / YYYY
03 / 19 / 2026
Transaction ID : SA11AI.17092

Amount of Each Receipt this Period
208.34

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Murdock, Richard, A, ,

Mailing Address 1295 S Mill Rd

City Heber City	State UT	Zip Code 84032
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FBL Financial Group	Occupation (for Individual) Insurance Executive
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.34

Date of Receipt
MM / DD / YYYY
01 / 16 / 2026
Transaction ID : SA11AI.16975

Amount of Each Receipt this Period
208.34

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Murdock, Richard, A, ,

Mailing Address 1295 S Mill Rd

City Heber City	State UT	Zip Code 84032
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FBL Financial Group	Occupation (for Individual) Insurance Executive
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.68

Date of Receipt
MM / DD / YYYY
02 / 18 / 2026
Transaction ID : SA11AI.17022

Amount of Each Receipt this Period
208.34

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	625.02
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 10 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FBL FINANCIAL GROUP INC PAC

A. Murdock, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1295 S Mill Rd
 City Heber City State UT Zip Code 84032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBL Financial Group Occupation (for Individual) Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 19 / 2026
Transaction ID : SA11AI.17090
 Amount of Each Receipt this Period 208.34
 Memo Item
 Contribution

B. Plagman, Angela, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Russell St PO Box 112
 City Casey State IA Zip Code 50048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBL Financial Group Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 19 / 2026
Transaction ID : SA11AI.17066
 Amount of Each Receipt this Period 83.34
 Memo Item
 Contribution

C. Rea, Steven, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3699 NW 167th St
 City Clive State IA Zip Code 50325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FBL Financial Group, Inc. Occupation (for Individual) Insurance Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2026
Transaction ID : SA11AI.17017
 Amount of Each Receipt this Period 125.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	416.68
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 11 OF 12
<input checked="" 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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NAME OF COMMITTEE (In Full)
FBL FINANCIAL GROUP INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rea, Steven, L, ,		Date of Receipt MM / DD / YYYY 03 / 19 / 2026 Transaction ID : SA11AI.17071
Mailing Address 3699 NW 167th St		Amount of Each Receipt this Period 125.00
City Clive	State IA	Zip Code 50325
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) FBL Financial Group, Inc.	Occupation (for Individual) Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seibel, Donald, , ,		Date of Receipt MM / DD / YYYY 03 / 19 / 2026 Transaction ID : SA11AI.17099
Mailing Address 7149 Eldorado Point		Amount of Each Receipt this Period 66.67
City West Des Moines	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) FBL Financial Group	Occupation (for Individual) Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.01	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Winkel, Mark, T, ,		Date of Receipt MM / DD / YYYY 02 / 18 / 2026 Transaction ID : SA11AI.17002
Mailing Address 4911 162nd St		Amount of Each Receipt this Period 125.00
City Urbandale	State IA	Zip Code 50323
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) FBL Financial Group, Inc.	Occupation (for Individual) Director PC Member Svc Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	316.67
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 12 OF 12
(check only one)

<input checked="" 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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NAME OF COMMITTEE (In Full)
FBL FINANCIAL GROUP INC PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winkel, Mark, T, ,

Mailing Address 4911 162nd St

City Urbandale	State IA	Zip Code 50323
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FBL Financial Group, Inc.	Occupation (for Individual) Director PC Member Svc Op
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	19	/	2026

Transaction ID : SA11AI.17067

Amount of Each Receipt this Period
125.00

Memo Item
Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	2941.75