

THE HY-VEE EMPLOYEES' PAC

A Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

5920 Westown Parkway
West Des Moines, Iowa 50266
Phone: 515-267-2900

NOV 10 1 15 PM 1997

November 3, 1997

CERTIFIED MAIL

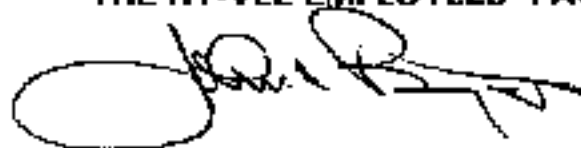
Federal Election Commission
999 E Street N W
Washington, DC 20463

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 October 1, 1997 through October 31, 1997.

Yours very truly,

THE HY-VEE EMPLOYEES' PAC



John Briggs, Treasurer

JB/gg

enclosure

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Nov 10 1 16 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Hy-Vee, Inc. Employees' Political
Action Committee

ADDRESS (number and street) Check if different than previously reported
5820 Westown Parkway

CITY, STATE and ZIP CODE
West Des Moines, IA 50266

2. FEC IDENTIFICATION NUMBER
C 00243659

3. 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:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10-1-97 through 10-31-97		
6. (a) Cash on Hand January 1, 1997		\$ 5,589.42
(b) Cash on Hand at Beginning of Reporting Period	\$ 18,699.92	
(c) Total Receipts (from Line 19)	\$ 4,223.34	\$ 20,208.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,923.26	\$ 25,798.26
7. Total Disbursements (from Line 30)	\$ 2,500.00	\$ 5,375.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,423.26	\$ 20,423.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

11-3-97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE **Hy-Vee, Inc. Employees Political Action Committee**

REPORT COVERING PERIOD

FROM **10/1/97**

TO **10/31/97**

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,405.00	2,900.00	11(a)(i)
ii. Unitemized	2,818.34	17,228.84	11(a)(ii)
iii. Total (add i and ii) >	4,223.34	20,208.84	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add iii, b and c) >	4,223.34	20,208.84	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,223.34	20,208.84	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,223.34	20,208.84	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	4,825.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements		550.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,500.00	5,375.00	30
31. Total Federal Disbursements (subtract line 21 a iii from line 30) >	2,500.00	5,375.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,223.34	20,208.84	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,223.34	20,208.84	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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, 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 5534 GLEN OAKS POINTE WEST DES. MOINES, IA 50266 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC. Occupation: PRESIDENT, CHAIRMAN, CEO Aggregate Year-to-Date > \$ 1,000.00	10-22-97	250.00
RICHARD JURGENS 3008 JORDAN GROVE WEST DES MOINES, IA 50265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC. Occupation: VP, CAO Aggregate Year-to-Date > \$ 600.00	10-22-97	150.00
NICHOLAS STEINBALT 11017 "Z" STREET OMAHA, NE 68137 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 500.00	10-9-97	50.00
JOHN ALLEN 1863 LONGVIEW LOOP COUNCIL BLUFFS, IA 51503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	10-9-97	75.00
ROONEY BEAN 8101 WELLINGTON BLVD JOHNSTON, IA 50131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	10-9-97	75.00
JOHN LONNING 9260 NW 36TH STREET FOLK CITY, IA 50226 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	10-9-97	75.00
LEWIS SNOOK 6001 CRESTON AVE #9 DES MOINES, IA 50321 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 400.00	10-9-97	100.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hy-Vee, 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
SCOTT YOUNGBERG 203 DONITA AVE MARSHALL, MN 56258	HY VEE, INC	10-9-97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RANDY EREKER 4912 SINGING HILLS BLVD. SIOUX CITY, IA 51106	HY VEE, INC	10-1-97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR OF OPERATIONS	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES ROBERTSON 4112 RIVER OAKS DR. DES MOINES, IA 50312	HY-VEE, INC.	10-1-97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL WHEELER 906 NW CAMPUS RIDGE CT ANNENY, IA 50021	HY VEE, INC	10-1-97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, CFO	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL BOISJOLIE 100 22ND STREET SW AUSTIN, MN 55912	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH BUTNER 1018 CAMPUS RIDGE CT. ANNENY, IA 50021	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMEN GIFFORD 413 39TH STREET WEST DES MOINES, IA 50365	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

330.00

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 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hy-Vee, 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
CARTER HOWE 1621 SUNRISE DRIVE NE SOLON, IA 52333	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD LAMPKIN 2902 30TH STREET MOWEE, IA 61265	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	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
BRIAN MOOD 159 NORWOOD COUNCIL BLUFFS, IA 51503	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY SULLIVAN 1311 BALDWIN HARLAN, IA 51537	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REBELLA SWINTON 4739 PIZARRO COURT CLEAR FALLS, IA 52621	HY VEE, INC.	10-9-97	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STORE DIRECTOR	Aggregate Year-to-Date > \$ 240.00	
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)

300.00

TOTAL This Period (last page this line number only)

1,405.00

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, Inc., Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<p><i>FMI FOOD PAL 800 CONNECTICUT AVE NW WASHINGTON, DC 20006</i></p>	<p><i>PAL TO PAL TRANSFER</i></p>	<p><i>10-27-97</i></p>	<p><i>2,500.00</i></p>
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)

2,500.00

TOTAL This Period (last page this line number only)

2,500.00

