

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 15 A 10:17

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Rain and Hail Insurance Society
Political Action Committee

ADDRESS (number and street) Check if different than previously reported
1501 56th Street, Suite 200

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

2. FEC IDENTIFICATION NUMBER
C00279505

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

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/00</u> through <u>1/31/00</u>		
6. (a) Cash on Hand January 1, 19 2000		\$ 131,116
(b) Cash on Hand at Beginning of Reporting Period	\$ 131,116	
(c) Total Receipts (from Line 1B)	\$ 1,890	\$ 1,890
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 133,006	\$ 133,006
7. Total Disbursements (from Line 3D)	\$ 250	\$ 250
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 132,756	\$ 132,756
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-694-1100

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: Ryan D. Miller

Signature of Treasurer: Ryan D. Miller

Date: 2-14-00

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
 PAGE 2, FEC FORM 2X

(revised 1/1/91)

NAME OF COMMITTEE <u>Rain and Hail Insurance Society</u> <u>Political Action Committee</u>		REPORT COVERING PERIOD FROM <u>1/1/00</u> TO: <u>1/31/00</u>		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			11(a)(1)
i.	Itemized (use Schedule A)	0	0	11(a)(2)
ii.	Unitemized	1,636	1,636	11(a)(3)
iii.	Total (add i and ii) >	1,636	1,636	11(a)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions (add a ii, b and c) >	1,636	1,636	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	254	254	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,890	1,890	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	1,890	1,890	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share	0	0	21(a)(2)
ii.	Non-Federal Share	0	0	21(b)
b.	Other Federal Operating Expenditures	0	0	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	22
22.	Transfers to Affiliated/Other Party Committees	0	0	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	250	250	24
24.	Independent Expenditures (use Schedule E)	0	0	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26.	Loan Repayments Made	0	0	27
27.	Loans Made	0	0	
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees	0	0	28(b)
b.	Political Party Committees	0	0	28(c)
c.	Other Political Committees (such as PACs)	0	0	28(d)
d.	Total Contribution Refunds (add a, b and c) >	0	0	29
29.	Other Disbursements	250	250	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	250	250	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	250	250	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	1,636	1,636	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	1,636	1,636	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from line 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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) *Rain and Hail Insurance Society Political Action Committee*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Brenton Bank P.O. Box 891 Des Moines, Iowa 50266</i>		<i>1-31-06</i>	<i>254⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Interest Income</i>	Occupation Aggregate Year-to-Date <i>\$ 254</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date <i>\$</i>	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <i>\$</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date <i>\$</i>	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <i>\$</i>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date <i>\$</i>	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <i>\$</i>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date <i>\$</i>	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <i>\$</i>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date <i>\$</i>	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <i>\$</i>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date <i>\$</i>	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <i>\$</i>		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

254⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) *Rain and Hail Insurance Society
Political Action Committee*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Sam Swing For Congress P.O. Box 917 Bloomington, IL 61704</i>	<i>\$250 YTD Sam Swing U.S. Rep- 15th District Illinois</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-12-00</i>	<i>250</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

250

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2-15-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>Sci</i> PREPARER	2-15-00 DATE PREPARED