



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		63421.72
(b) Cash on Hand at Beginning of Reporting Period.....	123674.53	
(c) Total Receipts (from Line 19) .....	13241.01	110728.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	136915.54	174150.66
7. Total Disbursements (from Line 31).....	4755.93	41991.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	132159.61	132159.61
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

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).....	10649.01	69662.81
(ii) Unitemized .....	2592.00	41066.13
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13241.01	110728.94
(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) .....	13241.01	110728.94
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))..... ▶	13241.01	110728.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13241.01	110728.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	22500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	-1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-1000.00
29. Other Disbursements .....	4755.93	20491.05
30. Federal Election Activity (2 U.S.C. §431(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)) ..	4755.93	41991.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4755.93	41991.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13241.01	110728.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13241.01	111728.94
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: (check only one)	PAGE 6 OF 37
	<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

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. MICHAEL AGOSTINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 18136 MASON ST

City ELKHORN State NE Zip Code 68022

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

Name of Employer Hy-Vee Inc Occupation Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27343**

Amount of Each Receipt this Period  
 100.00

**B. MICHAEL AGOSTINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 18136 MASON ST

City ELKHORN State NE Zip Code 68022

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

Name of Employer Hy-Vee Inc Occupation Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27488**

Amount of Each Receipt this Period  
 100.00

**C. NATHAN ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 SUMMIT PLACE

City INDIANOLA State IA Zip Code 50125

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

Name of Employer Hy-Vee Inc Occupation Asst General Council

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27344**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. NATHAN ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 SUMMIT PLACE

City INDIANOLA State IA Zip Code 50125

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

Name of Employer Hy-Vee Inc Occupation Asst General Council

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : SA11AI.27489**

Amount of Each Receipt this Period  
**50.00**

**B. DARREN BATY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2690 NW 163RD ST

City CLIVE State IA Zip Code 50325

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

Name of Employer Hy-Vee Inc Occupation VP, Strategy and Innovation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

**Transaction ID : SA11AI.27427**

Amount of Each Receipt this Period  
**250.00**

**C. MATTHEW BEENBLOSSOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 SUMMER AVE

City BRANDON State SD Zip Code 57005

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

Name of Employer Hy-Vee Inc Occupation AVP, General Merchandise

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

**Transaction ID : SA11AI.27428**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> 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 8 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Brett Bremser</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 <b>Transaction ID : SA11AI.27352</b>
Mailing Address 4019 139TH STREET		Amount of Each Receipt this Period 40.00
City URBANDALE	State IA	Zip Code 50323
FEC ID number of contributing federal political committee. C		
Name of Employer Hy-Vee Inc	Occupation VP, Center Store	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) <b>B. Brett Bremser</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : SA11AI.27433</b>
Mailing Address 4019 139TH STREET		Amount of Each Receipt this Period 290.00
City URBANDALE	State IA	Zip Code 50323
FEC ID number of contributing federal political committee. C		
Name of Employer Hy-Vee Inc	Occupation VP, Center Store	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>C. Brett Bremser</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 <b>Transaction ID : SA11AI.27497</b>
Mailing Address 4019 139TH STREET		Amount of Each Receipt this Period 40.00
City URBANDALE	State IA	Zip Code 50323
FEC ID number of contributing federal political committee. C		
Name of Employer Hy-Vee Inc	Occupation VP, Center Store	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> 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 9 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. TIM CERNIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3406 PENNY LANE

City MARION	State IA	Zip Code 52302
----------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP Operations, Eastern Division
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27354**

Amount of Each Receipt this Period  
**93.33**

**B. TIM CERNIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3406 PENNY LANE

City MARION	State IA	Zip Code 52302
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hy-Vee Inc	Occupation AVP Operations, Eastern Division
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **746.64**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27499**

Amount of Each Receipt this Period  
**93.33**

**C. THOMAS CROCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2039 GOLFVIEW CIRCLE

City CENTERVILLE	State IA	Zip Code 52544
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hy-Vee Inc	Occupation AVP Operations; Eastern Central
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27358**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>286.66</b>
<b>TOTAL</b> 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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. THOMAS CROCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2039 GOLFVIEW CIRCLE  
 City State Zip Code  
 CENTERVILLE IA 52544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hy-Vee Inc AVP Operations; Eastern Central  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27503**  
 Amount of Each Receipt this Period  
 100.00

**B. KEVIN DOUGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 SE 8TH ST  
 City State Zip Code  
 ANKENY IA 50021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hy-Vee Inc Staff  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : SA11AI.27439**  
 Amount of Each Receipt this Period  
 125.00

**C. RANDALL EDEKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3703 133RD ST  
 City State Zip Code  
 URBANDALE IA 50322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hy-Vee Inc Chariman of the Board, CEO, President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2916.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27362**  
 Amount of Each Receipt this Period  
 416.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	641.67
<b>TOTAL</b> 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 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. RANDALL EDEKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3703 133RD ST

City URBANDALE State IA Zip Code 50322

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

Name of Employer Hy-Vee Inc Occupation Chariman of the Board, CEO, President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27507**

Amount of Each Receipt this Period  
 416.67

**B. ROBERT EGELAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 4015 138TH STREET

City URBANDALE State IA Zip Code 50323

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

Name of Employer Hy-Vee Inc Occupation VICE PRESIDENT PHARMACY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27363**

Amount of Each Receipt this Period  
 84.00

**C. ROBERT ESLICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 8108 PARKVIEW DR

City PARKVIEW State MO Zip Code 64152

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

Name of Employer Hy-Vee Inc Occupation AVP, SOUTHWEST DISTRICT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : SA11AI.27440**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.67

**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: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. JAMIE FRANCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 6518 RIVER OAK CT

City CEDAR RAPIDS	State IA	Zip Code 52411
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hy-Vee Inc	Occupation AVP, WESTERN DISTRICT
--------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **723.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27366**

Amount of Each Receipt this Period  
**103.33**

**B. JAMIE FRANCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 6518 RIVER OAK CT

City CEDAR RAPIDS	State IA	Zip Code 52411
----------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP, WESTERN DISTRICT
--------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **826.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : SA11AI.27510**

Amount of Each Receipt this Period  
**103.33**

**C. MARY FUHRMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5597 N RIDGE CIRCLE

City BETTENDORF	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, EASTERN DISTRICT
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **723.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27368**

Amount of Each Receipt this Period  
**103.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>309.99</b>
<b>TOTAL</b> 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 13 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. MARY FUHRMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5597 N RIDGE CIRCLE

City BETTENDORF	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, EASTERN DISTRICT
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **826.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : SA11AI.27512**

Amount of Each Receipt this Period  
**103.33**

**B. LAURA FULTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 9047 R57

City INDIANOLA	State IA	Zip Code 50125
-------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation VP HY-VEE, PRESIDENT PDI
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **716.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27369**

Amount of Each Receipt this Period  
**100.00**

**C. LAURA FULTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 9047 R57

City INDIANOLA	State IA	Zip Code 50125
-------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation VP HY-VEE, PRESIDENT PDI
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **816.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : SA11AI.27513**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>303.33</b>
<b>TOTAL</b> 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 14 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. JEREMY GOSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 336 VALLEY OAKS DR  
 City WINONA State MN Zip Code 55987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hy-Vee Inc Occupation AVP OPERATIONS, NORTHERN DISTRICT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27370**  
 Amount of Each Receipt this Period  
 110.00

**B. JEREMY GOSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 336 VALLEY OAKS DR  
 City WINONA State MN Zip Code 55987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hy-Vee Inc Occupation AVP OPERATIONS, NORTHERN DISTRICT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27514**  
 Amount of Each Receipt this Period  
 110.00

**C. DANNY GUBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 840 LAKEVIEW AVE  
 City POLK CITY State IA Zip Code 50226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hy-Vee Inc Occupation AVP, Merchandising  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27371**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<b>TOTAL</b> 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 15 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DANNY GUBBINS</b>		Date of Receipt
Mailing Address 840 LAKEVIEW AVE		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
POLK CITY	IA	50226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.27443</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hy-Vee Inc	AVP, Merchandising	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DANNY GUBBINS</b>		Date of Receipt
Mailing Address 840 LAKEVIEW AVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
POLK CITY	IA	50226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.27515</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hy-Vee Inc	AVP, Merchandising	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PATRICK HENSLEY</b>		Date of Receipt
Mailing Address 17938 BENT TREE RIDGE		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
COUNCIL BLUFFS	IA	51503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.27376</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hy-Vee Inc	Asst. Vice President, Operations (West)	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="808.36"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 16 OF 37
<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

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. PATRICK HENSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 17938 BENT TREE RIDGE

City COUNCIL BLUFFS	State IA	Zip Code 51503
------------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation Asst. Vice President, Operations (West)
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **933.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : SA11AI.27520**

Amount of Each Receipt this Period  

125.00
--------

**B. TONY KASKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1032 N 6TH ST

City CHARITON	State IA	Zip Code 50049
------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP, HY-VEE, INC, CEO MIDWEST HERITAG
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

**Transaction ID : SA11AI.27382**

Amount of Each Receipt this Period  

50.00
-------

**C. TONY KASKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1032 N 6TH ST

City CHARITON	State IA	Zip Code 50049
------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP, HY-VEE, INC, CEO MIDWEST HERITAG
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : SA11AI.27526**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> 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 17 OF 37
	<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	

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. LINDSAY KNOOP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1704 IRONWOOD DRIVE

City GRANGER	State IA	Zip Code 50109
-----------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation ASSISTANT DIRECTOR FINANCIAL REPORT
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	10	/	2015

**Transaction ID : SA11AI.27450**

Amount of Each Receipt this Period  

125.00
--------

**B. JENNIFER KOPRIVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2516 NE INNSBRUCK

City ANKENY	State IA	Zip Code 50021
----------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, NORTH CENTRAL DIST
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **723.38**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	01	/	2015

**Transaction ID : SA11AI.27383**

Amount of Each Receipt this Period  

103.34
--------

**C. JENNIFER KOPRIVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2516 NE INNSBRUCK

City ANKENY	State IA	Zip Code 50021
----------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, NORTH CENTRAL DIST
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **826.72**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	31	/	2015

**Transaction ID : SA11AI.27527**

Amount of Each Receipt this Period  

103.34
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>331.68</b>
<b>TOTAL</b> 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 18 OF 37
	<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	

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) <b>A. KARL KRUSE</b>		Date of Receipt
Mailing Address 8021 TIBURON PL		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
JOHNSTON	IA	50131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.27451</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hy-Vee Inc	Vice President, General Merchandise	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. RANDY KRUSE</b>		Date of Receipt
Mailing Address 3024 RED FOX RD		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
AMES	IA	50013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.27384</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hy-Vee Inc	AVP Ovrperations, North Central Distric	<input type="text" value="90.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="630.00"/>	

Full Name (Last, First, Middle Initial) <b>C. RANDY KRUSE</b>		Date of Receipt
Mailing Address 3024 RED FOX RD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
AMES	IA	50013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.27528</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hy-Vee Inc	AVP Ovrperations, North Central Distric	<input type="text" value="90.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="720.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="430.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 19 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. SHEILA LAING**

Mailing Address 925 N 5TH ST

City CHARITON	State IA	Zip Code 50049
------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation VP, HR AND ADMINISTRATION
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2015**

**Transaction ID : SA11AI.27452**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL LONG**

Mailing Address 2022 WILLOWVIEW LN

City ROCHESTER	State MN	Zip Code 55902
-------------------	-------------	-------------------

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 ▼ **583.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27388**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL LONG**

Mailing Address 2022 WILLOWVIEW LN

City ROCHESTER	State MN	Zip Code 55902
-------------------	-------------	-------------------

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 ▼ **666.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : SA11AI.27532**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>291.68</b>
<b>TOTAL</b> 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 20 OF 37
<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. MATTHEW LUDWIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5705 LEWIS COURT

City BETTENDORF	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, WEST CENTRAL DIST
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **641.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

**Transaction ID : SA11AI.27390**

Amount of Each Receipt this Period  

91.66
-------

**B. MATTHEW LUDWIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5705 LEWIS COURT

City BETTENDORF	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, WEST CENTRAL DIST
--------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **733.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : SA11AI.27534**

Amount of Each Receipt this Period  

91.66
-------

**C. JAY MARSHALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 15909 BROOKSHIRE DR

City URBANDALE	State IA	Zip Code 50323
-------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation SR VP, MARKETING/MERCHANDISING
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : SA11AI.27455**

Amount of Each Receipt this Period  

275.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>458.32</b>
<b>TOTAL</b> 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 21 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. HEATHER MCANALLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 88TH ST #7205

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 Staff
--------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **649.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27391**

Amount of Each Receipt this Period  
**100.00**

**B. HEATHER MCANALLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 88TH ST #7205

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 Staff
--------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : SA11AI.27535**

Amount of Each Receipt this Period  
**100.00**

**C. ANTHONY MCCANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 805 GLEN OAKS TERRACE

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 SR VP, STORE DEVELOPMENT
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27392**

Amount of Each Receipt this Period  
**85.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>285.00</b>
<b>TOTAL</b> 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 22 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. ANTHONY MCCANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 805 GLEN OAKS TERRACE

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 SR VP, STORE DEVELOPMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27536**

Amount of Each Receipt this Period  
 85.00

**B. JEFFERY J MUELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 602 ELIZABETH STREET

City MARSHALL State MN Zip Code 56258

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 ▼ 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27397**

Amount of Each Receipt this Period  
 83.33

**C. JEFFERY J MUELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 602 ELIZABETH STREET

City MARSHALL State MN Zip Code 56258

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 ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27541**

Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.66

**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 23 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. ANGELA K NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 E RUSSELL

City State Zip Code  
JEFFERSON IA 50129

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

Name of Employer Occupation  
Hy-Vee Inc Pharmacy Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2015  
**Transaction ID : SA11AI.27399**

Amount of Each Receipt this Period  
83.33

**B. ANGELA K NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 E RUSSELL

City State Zip Code  
JEFFERSON IA 50129

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

Name of Employer Occupation  
Hy-Vee Inc Pharmacy Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015  
**Transaction ID : SA11AI.27543**

Amount of Each Receipt this Period  
83.33

**C. NOREEN OTTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 919 S 5TH AVE W

City State Zip Code  
NEWTON IA 50208

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

Name of Employer Occupation  
Hy-Vee Inc DIRECTOR, STATE GOVERNMENT RELATIC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2015  
**Transaction ID : SA11AI.27403**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.66
<b>TOTAL</b> 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 24 OF 37
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NOREEN OTTO</b>		Date of Receipt
Mailing Address 919 S 5TH AVE W		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City NEWTON	State IA	Zip Code 50208
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27547</b>
Name of Employer Hy-Vee Inc		Amount of Each Receipt this Period
Occupation DIRECTOR, STATE GOVERNMENT RELATIC		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. TONIA PETTERSON</b>		Date of Receipt
Mailing Address 407 3RD STREET S		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City HUMBOLDT	State IA	Zip Code 50548
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27405</b>
Name of Employer Hy-Vee Inc		Amount of Each Receipt this Period
Occupation AVP, Recruiting		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. TONIA PETTERSON</b>		Date of Receipt
Mailing Address 407 3RD STREET S		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City HUMBOLDT	State IA	Zip Code 50548
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27549</b>
Name of Employer Hy-Vee Inc		Amount of Each Receipt this Period
Occupation AVP, Recruiting		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 25 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. KEVIN REEVE</b>		Date of Receipt
Mailing Address 703 N 11TH STREET		M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015
City	State	Zip Code
CHARITON	IA	50049
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27465
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Hy-Vee Inc	Asst. Vice President, Controller	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	750.00	

Full Name (Last, First, Middle Initial) <b>B. ANDREW SCHREINER</b>		Date of Receipt
Mailing Address 8550 PARKSIDE CIRCLE		M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015
City	State	Zip Code
WEST DES MOINES	IA	50266
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27471
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		125.00
Name of Employer	Occupation	
Hy-Vee Inc	AVP, FINANCIAL REPORTING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	375.00	

Full Name (Last, First, Middle Initial) <b>C. KEVIN SHERLOCK</b>		Date of Receipt
Mailing Address 2332 MUDDY CREED		M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015
City	State	Zip Code
CORALVILLE	IA	52241
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		166.67
Name of Employer	Occupation	
Hy-Vee Inc	VP, Food Service Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1166.69	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.67
<b>TOTAL</b> 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 26 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. KEVIN SHERLOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2332 MUDDY CREED

City CORALVILLE State IA Zip Code 52241

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

Name of Employer Hy-Vee Inc Occupation VP, Food Service Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015

**Transaction ID : SA11AI.27551**

Amount of Each Receipt this Period  
 166.67

**B. MICHAEL SKOKAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 35115 BURGUNDY CIRCLE

City WAUKEE State IA Zip Code 50263

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

Name of Employer Hy-Vee Inc Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1916.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015

**Transaction ID : SA11AI.27408**

Amount of Each Receipt this Period  
 300.00

**C. MICHAEL SKOKAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 35115 BURGUNDY CIRCLE

City WAUKEE State IA Zip Code 50263

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

Name of Employer Hy-Vee Inc Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2216.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015

**Transaction ID : SA11AI.27552**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 766.67

**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 27 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. NATHAN STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 REED COURT

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 VP, PERISHABLES
--------------------------------	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 833.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2015  
**Transaction ID : SA11AI.27413**

Amount of Each Receipt this Period  
 83.33

**B. NATHAN STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 REED COURT

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 VP, PERISHABLES
--------------------------------	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1083.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : SA11AI.27474**

Amount of Each Receipt this Period  
 250.00

**C. NATHAN STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 REED COURT

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 VP, PERISHABLES
--------------------------------	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1166.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27557**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.66
<b>TOTAL</b> 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 28 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DICK STOFFER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : SA11AI.27475</b>
Mailing Address 5411 PONDEROSA DR		Amount of Each Receipt this Period 250.00
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 DIRECTOR, STATE GOVERNMENT RELATIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. James Strehlow</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2015 <b>Transaction ID : SA11AI.27477</b>
Mailing Address 212 N Russell		Amount of Each Receipt this Period 500.00
City Ames	State IA	Zip Code 50010
FEC ID number of contributing federal political committee. C		
Name of Employer Hy-Vee, Inc.	Occupation President Hy-Vee Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY STUPKA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 <b>Transaction ID : SA11AI.27415</b>
Mailing Address 1204 HYDE PARK		Amount of Each Receipt this Period 103.34
City SIOUX FALLS	State SD	Zip Code 57106
FEC ID number of contributing federal political committee. C		
Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, NORTHWEST DIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1223.38	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	853.34
<b>TOTAL</b> 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 29 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY STUPKA</b>		Date of Receipt
Mailing Address 1204 HYDE PARK		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City State Zip Code SIOUX FALLS SD 57106		<b>Transaction ID : SA11AI.27478</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, NORTHWEST DIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1473.38"/>	

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY STUPKA</b>		Date of Receipt
Mailing Address 1204 HYDE PARK		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code SIOUX FALLS SD 57106		<b>Transaction ID : SA11AI.27559</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="103.34"/>
Name of Employer Hy-Vee Inc	Occupation AVP OPERATIONS, NORTHWEST DIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1576.72"/>	

Full Name (Last, First, Middle Initial) <b>C. STEPHANIE TAYLOR</b>		Date of Receipt
Mailing Address 843 SE WATERVIEW CIRCLE		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City State Zip Code WAUKEE IA 50263		<b>Transaction ID : SA11AI.27479</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Hy-Vee Inc	Occupation TRAINING SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="453.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 30 OF 37
	<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. DONNA TWEETEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 14881 WOODCREST DRIVE

City CLIVE	State IA	Zip Code 50325
---------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation VP, MARKETING AND COMMUNICATIONS
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : SA11AI.27480**

Amount of Each Receipt this Period  

250.00
--------

**B. DOUGLAS WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 14111 EMILINE ST

City OMAHA	State NE	Zip Code 68138
---------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation PRESIDENT D&D FOODS
--------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

**Transaction ID : SA11AI.27419**

Amount of Each Receipt this Period  

50.00
-------

**C. DOUGLAS WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 14111 EMILINE ST

City OMAHA	State NE	Zip Code 68138
---------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation PRESIDENT D&D FOODS
--------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : SA11AI.27482**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> 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 31 OF 37
<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)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. DOUGLAS WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 14111 EMILINE ST

City OMAHA	State NE	Zip Code 68138
---------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation PRESIDENT D&D FOODS
--------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : SA11AI.27563**

Amount of Each Receipt this Period  

600.00	50.00
--------	-------

**B. DANIEL WAMPLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4705 150TH ST

City URBANDALE	State IA	Zip Code 50323
-------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP, EAST CENTRAL DISTRICT
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : SA11AI.27483**

Amount of Each Receipt this Period  

300.00	0.00
--------	------

**C. THOMAS WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8100 HEATHER BOW CRT

City JOHNSTON	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation EXEC VP OPERATIONS, EASTERN REGION
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : SA11AI.27484**

Amount of Each Receipt this Period  

250.00	0.00
--------	------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> 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 32 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. JON WENDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8319 CHAMBERY

City JOHNSTON	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation EXEC VP OPERATIONS, WESTERN REGION
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27420**

Amount of Each Receipt this Period  
**93.34**

**B. JON WENDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8319 CHAMBERY

City JOHNSTON	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation EXEC VP OPERATIONS, WESTERN REGION
--------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **746.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : SA11AI.27564**

Amount of Each Receipt this Period  
**93.34**

**C. KRISTIN WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 DEVONWOOD DRIVE

City COUNCIL BLUFFS	State IA	Zip Code 51503
------------------------	-------------	-------------------

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

Name of Employer Hy-Vee Inc	Occupation AVP, PHARMACY SERVICES
--------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2015**

**Transaction ID : SA11AI.27426**

Amount of Each Receipt this Period  
**75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>261.68</b>
<b>TOTAL</b> 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 33 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

**A. KRISTIN WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 DEVONWOOD DRIVE  
 City COUNCIL BLUFFS State IA Zip Code 51503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hy-Vee Inc Occupation AVP, PHARMACY SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27570**  
 Amount of Each Receipt this Period  
 75.00

**B. FRANK WOODWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6117 194TH AVE  
 City OMAHA State NE Zip Code 68135  
 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 ▼ 686.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11AI.27571**  
 Amount of Each Receipt this Period  
 83.33

**C.**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	158.33
<b>TOTAL</b> This Period (last page this line number only).....▶	10649.01

# 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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. Kevin Corlew

Mailing Address PO Box 28443

City Kansas City State MO Zip Code 64188

Purpose of Disbursement

011

Candidate Name

**Kevin Corlew**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : SB29.27339

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### B. Peter Cownie

Mailing Address 686 58th Place

City West Des Moines State IA Zip Code 50266

Purpose of Disbursement

011

Candidate Name

**Peter Cownie**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 60

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2015

Transaction ID : SB29.27330

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### C. Friends of Elijah Haahr

Mailing Address PO Box 14506

City Springfield State MO Zip Code 65814

Purpose of Disbursement

011

Candidate Name

**Friends of Elijah Haahr**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2015

Transaction ID : SB29.27332

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00
---------

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

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**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dan Hegeman**

Mailing Address 201 West Capitol Ave

City Jefferson City State MO Zip Code 65101

Purpose of Disbursement

011

Candidate Name

**Dan Hegeman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

**Transaction ID : SB29.27334**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Mike Kehoe**

Mailing Address 201 W Capitol Ave  
Rm 429

City Jefferson City State MO Zip Code 65101

Purpose of Disbursement

011

Candidate Name

**Mike Kehoe**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

**Transaction ID : SB29.27340**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Northey for Iowa Secretary of Agriculture**

Mailing Address 2868 140th St

City Spirit Lake State IA Zip Code 51360

Purpose of Disbursement

011

Candidate Name

**Northey for Iowa Secretary of Agriculture**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2015

**Transaction ID : SB29.27325**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00
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**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Sands**

Mailing Address 134 orchard lane

City Columbus Junction State IA Zip Code 52738

Purpose of Disbursement

011

Candidate Name

**Thomas Sands**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 87

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2015

**Transaction ID : SB29.27329**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kurt Schaefer**

Mailing Address 201 West Capitol Ave

City Jefferson City State MO Zip Code 65101

Purpose of Disbursement

011

Candidate Name

**Kurt Schaefer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 19

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2015

**Transaction ID : SB29.27338**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ryan Silvey**

Mailing Address P.O. Box 10626

City Gladstone State MO Zip Code 64118

Purpose of Disbursement

011

Candidate Name

**Ryan Silvey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2015

**Transaction ID : SB29.27335**

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00

**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nate Walker**

Mailing Address PO Box 7549

City Kirksville State MO Zip Code 63501

Purpose of Disbursement

011

Candidate Name  
**Nate Walker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2015

Transaction ID : SB29.27331

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

250.00

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

4750.00