

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 OCT 11 A 11:11

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
 Hy-Vee, Inc. Employees' Political Action Committee

ADDRESS (number and street) **5820 Westtown Parkway**
 Check if different than previously reported. (ACC) **West Des Moines IA 50266**

2. FEC IDENTIFICATION NUMBER **C 00243659** CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Oct 20 (M10)
- Aug 20 (M8)
- Sep 20 (M9)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on _____ in the State of _____

5. Covering Period

09 01 2005 through **09 30 2005**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: **John Brummit**

Signature of Treasurer

John Brummit

Date

09 04 2005

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

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Hy-Vee, Inc. Employees' Political Action Committee

Report Covering the Period:

From:

DEC 09, 2004 TO JAN 01, 2005

To:

DEC 09, 2004 TO DEC 30, 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		542145
(b) Cash on Hand at Beginning of Reporting Period	23,282.89	
(c) Total Receipts (from Line 19)	8054.9	19,666.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24,088.38	25,088.38
7. Total Disbursements (from Line 30)	0	10,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24,088.38	24,088.38
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	

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 (Revised 1/01)

Page 3

Write or Type Committee Name

Hy-Vee, Inc. Employees' Political Action Committee

Report Covering the Period: From: NOV 09 DEC 01 2005 To: NOV 09 DEC 30 2005

2503993425

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)	118.00	
(ii) Unitemized	687.49	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	805.49	19666.93
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	805.49	19666.93
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	805.49	19666.93
20. Total Federal Receipts (subtract Line 18 from Line 19)	805.49	19666.93

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	0	100000
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	0	100000
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	0	100000
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	80549	1886144
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	80549	1886144
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	100000
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0	100000

250799003428

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

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

FOR LINE NUMBER: PAGE / OF 5
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Billy Bulman
 Mailing Address
100 Lakerew Drive
 City **Calona** State **IL** Zip Code **51241**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hy-Vee, Inc.** Occupation **Store Director**
 Receipt For: Primary General Other (specify) **300.00**
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Kenneth Butcher
 Mailing Address
1018 Camps Ridge Ct
 City **Ankeny** State **IA** Zip Code **5021**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hy-Vee, Inc.** Occupation **Store Director**
 Receipt For: Primary General Other (specify) **225.00**
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Marcus Hall
 Mailing Address
1219 W. 15th St. South
 City **Newton** State **IA** Zip Code **50208**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hy-Vee, Inc.** Occupation **Store Director**
 Receipt For: Primary General Other (specify) **225.00**
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) **750.00**
 TOTAL This Period (last page this line number only) **750.00**

25039963427

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

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

FOR LINE NUMBER: PAGE 3 OF 5
(check only one)

<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Full Name (Last, First, Middle Initial)
James Scott

Mailing Address
4501 99th St

City State Zip Code
Urbandale IA 50322

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Hy-Vee, Inc. Asst Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
22500

Date of Receipt
[] / [] / []

Amount of Each Receipt this Period
0

B. Full Name (Last, First, Middle Initial)
Tarci Slaybaugh

Mailing Address
4920 N. 142th St.

City State Zip Code
Omaha NE 68164

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Hy-Vee, Inc. Store Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
22500

Date of Receipt
[] / [] / []

Amount of Each Receipt this Period
0

C. Full Name (Last, First, Middle Initial)
Lewis Snook

Mailing Address
1004 Waterfront Drive

City State Zip Code
Ankeny IA 50021

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Hy-Vee, Inc. Store Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
[] / [] / []

Amount of Each Receipt this Period
0

SUBTOTAL of Receipts This Page (optional) **0**

TOTAL This Period (last page this line number only) **0**

25030903429

**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 4 OF 5
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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) A. Randy Edeker		Date of Receipt 09' 06' 2005
Mailing Address 8103 W 129th Terrace		Amount of Each Receipt this Period 2500
City Overland Park	State Zip Code KS 66213	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2250
Name of Employer Hy-Vee, Inc.	Occupation Asst Vice President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250	

Full Name (Last, First, Middle Initial) B. Mark Millap		Date of Receipt 09' 06' 2005
Mailing Address 18330 W. 160th Terrace		Amount of Each Receipt this Period 2500
City Olathe	State Zip Code KS 66062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2250
Name of Employer Hy-Vee, Inc.	Occupation Store Director	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250	

Full Name (Last, First, Middle Initial) C. Brian Meen		Date of Receipt 09' 06' 2005
Mailing Address 159 Norwood Drive		Amount of Each Receipt this Period 2000
City Council Bluffs	State Zip Code IA 51503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Hy-Vee, Inc.	Occupation Store Director	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	7000
TOTAL This Period (last page this line number only)	

25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE: 5 of 5

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Hy-Vee, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Mike Skokan
 Mailing Address
 501 52nd St
 City West Des Moines State IA Zip Code 50265
 Name of Employer Hy-Vee, Inc. Occupation Asst Vice President
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date 21000

Date of Receipt
 09 / 06 / 2005
 Amount of Each Receipt this Period
 2500

B. Full Name (Last, First, Middle Initial)
 Cynthia Sulzman
 Mailing Address
 15319 W. 79th Terrace
 City Lenexa State KS Zip Code 66219
 Name of Employer Hy-Vee, Inc. Occupation Store Director
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date 21500

Date of Receipt
 09 / 06 / 2005
 Amount of Each Receipt this Period
 2300

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Name of Employer Occupation
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date

Date of Receipt
 / /
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 4800
 TOTAL This Period (last page this line number only) 11800

250330902431

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#			\$
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ <i>0</i>

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(I).)

2503090412

**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)					PAGE 1 of 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Hy-Vee, Inc. Employees' Political Action Committee

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: [] / [] / []

Amount of Each Disbursement this Period: []

Category/Type: []

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: [] / [] / []

Amount of Each Disbursement this Period: []

Category/Type: []

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: [] / [] / []

Amount of Each Disbursement this Period: []

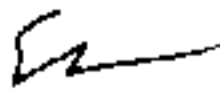
Category/Type: []

SUBTOTAL of Disbursements This Page (optional) ▶ []

TOTAL This Period (last page this line number only) ▶ []

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/4/05
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	10/11/05
PREPARER	DATE PREPARED

20051011 10:00 AM