

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 11 P 2:48

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Hy-Vee, Inc. Employees' Political Action Committee	2. FEC IDENTIFICATION NUMBER C 00243659
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5820 Westown Parkway	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE West Des Moines, IA 50266	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____
(Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>6-1-00</u> through <u>6-30-00</u>		
6. (a) Cash on Hand January 1, ²⁰⁰⁰ <u>2000</u>		\$ 30,731.97
(b) Cash on Hand at Beginning of Reporting Period	\$ 31,466.61	
(c) Total Receipts (from Line 18)	\$ 882.31	\$ 14,116.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32,348.92	\$ 44,848.92
7. Total Disbursements (from Line 30)	\$ 0	\$ 12,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 32,348.92	\$ 32,348.92
9. Debts and Obligations Owed TO the Committee (Nameize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Nameize all on Schedule C and/or Schedule D)	\$	

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 H. Brunmitt
Signature of Treasurer

Date

7-5-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

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

REPORT COVERING PERIOD

FROM

TO

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year

11. Contributions (other than loans) From:

a. Individual/Persons Other Than Political Committees

i. Itemized (use Schedule A)

ii. Unitemized

iii. Total (add i and ii) >

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contributions (add a ii, b and c) >

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

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 11d, 12, 13, 14, 15, 16, 17, and 18) >

20. Total Federal Receipts (subtract line 18 from line 19) >

II. Disbursements

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 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(f)) (use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:

a. Individual/Persons Other Than Political Committees

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contribution Refunds (add a, b and c) >

29. Other Disbursements

30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >

31. Total Federal Disbursements (subtract line 21 a ii from line 30) >

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)

33. Total Contribution Refunds (from line 28d)

34. Net Contributions (other than loans) (subtract line 33 from 32)

35. Total Federal Operating Expenditures (add 21 a i and 21 b) >

36. Offsets to Operating Expenditures (from line 15)

37. Net Operating Expenditures (subtract line 36 from 35) >

11(a)
11(b)
11(a)
11(a)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
19
20

21(a)
21(a)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31

32
33
34
35
36
37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

Hy-Vee, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ron Pearson 5534 Glen Oaks Pointe #1 West Des Moines, IA 50266 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee, Inc. Occupation Chairman, CEO, President Aggregate Year-to-Date > \$ 500.00		0
Stephen Spinelli 320 NE Wicklow Court Keosauqua, MO 64064 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee, Inc. Occupation Store Director Aggregate Year-to-Date > \$ 300.00		0
Billy Bulman 100 Lakeview Drive Calona, IL 51241 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee, Inc. Occupation Store Director Aggregate Year-to-Date > \$ 200.00		0
John Hubler 2895 Silver Oak Trail Marion, IA 52302 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee, Inc. Occupation Store Director Aggregate Year-to-Date > \$ 200.00		0
Ric Jurgens 3008 Jordan Grove West Des Moines, IA 50266 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee, Inc. Occupation Senior Vice President Aggregate Year-to-Date > \$ 300.00		0
Lewis Snook 6001 Creston Ave #9 Des Moines, IA 50321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee, Inc. Occupation Store Director Aggregate Year-to-Date > \$ 200.00		0
Kenneth Walter 8024 Tiburon Place Johnston, IA 50131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee, Inc. Occupation Vice President Aggregate Year-to-Date > \$ 250.00		0

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

0
0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hy-Vee, Inc., Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-5-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	7-11-00 DATE PREPARED