

THE HY-VEE EMPLOYEES' PAC

A Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

5820 Westown Parkway
West Des Moines, Iowa 50266
Phone: 515-267-2800

Dec 11 11 17 AM '97

December 1, 1997

CERTIFIED MAIL

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

Gentlemen:

Enclosed herewith is our Report of Receipts and Disbursements for a Political Committee other than an Authorized Committee, FEC Form 3X, covering the period from November 1, 1997 through November 30, 1997.

Yours very truly,

THE HY-VEE EMPLOYEES' PAC



John Briggs, Treasurer

JB/gg

enclosure

FORM 3X-1 (11/97) This form is required for all political committees other than authorized committees. It must be filed with the Federal Election Commission (FEC) within 30 days of the end of the reporting period. For more information, visit the FEC website at www.fec.gov.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Dec 11 11 17 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) By-Vee, Inc. Employees' Political Action Committee		2. FEC IDENTIFICATION NUMBER C 00243859
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5820 Westown Parkway		
CITY, STATE and ZIP CODE West Des Moines, IA 50266		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT


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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	11-1-97 through 11-30-97		
6. (a) Cash on Hand January 1, 1997			\$ 5,589.42
(b) Cash on Hand at Beginning of Reporting Period		\$ 20,423.26	
(c) Total Receipts (from Line 19)		\$ 526.33	\$ 20,735.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 20,949.59	\$ 26,324.59
7. Total Disbursements (from Line 30)		\$ 0.00	\$ 5,375.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 20,949.59	\$ 20,949.59
9. Debts and Obligations Owed TO the Committee (itemize 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 (itemize 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 C. Briggs

Signature of Treasurer  Date
12-1-97

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

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FED FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Hy-Vee, Inc. Employees Political Action Committee		FROM	TO	
		11-1-97	11-30-97	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	145.00	3,125.00	11(a)i
ii.	Unitemized	381.33	17,610.17	11(a)ii
iii.	Total (add i and ii) >	526.33	20,735.17	11(a)iii
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	526.33	20,735.17	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	526.33	20,735.17	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	526.33	20,735.17	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)i
ii.	Non-Federal Share			21(a)ii
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees		4,825.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements		550.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		5,375.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		5,375.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	526.33	20,735.17	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	526.33	20,735.17	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

Hy-Vee, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD PEARSON 5534 GLEN OAKS POINTE WEST DES MOINES, IA 50244 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Hy VEE, INC. Occupation PRESIDENT, CHAIRMAN, CEO Aggregate Year-to-Date > \$ 1,000.00	-- --	-- --
RICHARD JURGENS 3008 JORDAN GROVE WEST DES MOINES, IA 50265 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Hy VEE, INC. Occupation VP, CAO Aggregate Year-to-Date > \$ 600.00	-- --	-- --
NICHOLAS STEINBACH 11017 "Z" STREET OMAHA, NE 68137 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Hy VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 500.00	-- --	-- --
JOHN ALLEN 1863 LONGVIEW LOOP COUNCIL BLUFFS, IA 51503 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Hy VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	-- --	-- --
ROONEY BEAN 8101 WELLINGTON BLVD JOHNSTON, IA 50131 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Hy VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	-- --	-- --
JOHN LONNING 9260 NW 36TH STREET POLK CITY, IA 50226 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Hy VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	-- --	-- --
LEWIS SNOOK 6001 CRESTON AVE #9 DES MOINES, IA 50321 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Hy VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 400.00	-- --	-- --
SUBTOTAL of Receipts This Page (optional)			0.00
TOTAL This Period (last page this line number only)			0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hy-Vee, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SCOTT YOUNGBERG 203 DONITA AVE MARSHALL, MN 56258 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy VEE, INC Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	---	---
B. Full Name, Mailing Address and ZIP Code RANDY ECKER 4912 SINGING HILLS BLVD. SIOUX CITY, IA 51106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HY VEE, INC Occupation DIRECTOR OF OPERATIONS Aggregate Year-to-Date > \$ 275.00	11-4-97	25.00
C. Full Name, Mailing Address and ZIP Code CHARLES ROBERTSON 4112 RIVER OAKS DR. DES MOINES, IA 50312 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HY-VEE, INC. Occupation VP Aggregate Year-to-Date > \$ 275.00	11-4-97	25.00
D. Full Name, Mailing Address and ZIP Code MICHAEL WHEELER 906 NW CAMPUS RIDGE CT ANKENY, IA 50021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HY VEE, INC Occupation VP CFO Aggregate Year-to-Date > \$ 275.00	11-4-97	25.00
E. Full Name, Mailing Address and ZIP Code PAUL BOISJOLIE 100 22ND STREET SW AUSTIN, MN 55912 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HY-VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 240.00	---	---
F. Full Name, Mailing Address and ZIP Code KENNETH BUTNER 1018 CAMPUS RIDGE CT. ANKENY, IA 50021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HY VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 240.00	---	---
G. Full Name, Mailing Address and ZIP Code JAMES GIFFORD 413 39TH STREET WEST DES MOINES, IA 50265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: HY VEE, INC. Occupation STORE DIRECTOR Aggregate Year-to-Date > \$ 240.00	---	---

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4 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
CARTER HOWE 1621 SUNRISE DRIVE NE SOLON, IA 52333	HY VEE, INC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STORE DIRECTOR		
	Aggregate Year-to-Date > \$ 240.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD LAMPKIN 2902 30TH STREET MOLINE, IA 61265	HY VEE, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STORE DIRECTOR		
	Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRIAN MOOD 159 NORWOOD COUNCIL BLUFFS, IA 51503	HY VEE, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STORE DIRECTOR		
	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TIMOTHY SULLIVAN 1311 BALDWIN HARLAN, IA 51537	HY VEE, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STORE DIRECTOR		
	Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
REBELLA SWINTON 4739 PIZARRO COURT CEDAR FALLS, IA 52601	HY VEE, INC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STORE DIRECTOR		
	Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CHARLES BELL 2912 DRUID HILL DRIVE DES MOINES, IA 50315	HY VEE, INC	11-4-97	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP		
	Aggregate Year-to-Date > \$ 220.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ANTHONY McLANN 2230 TIMBERCREEK DR MARIETTA, IA 52302	HY VEE, INC	11-4-97	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR OF OPERATIONS		
	Aggregate Year-to-Date > \$ 220.00		

SUBTOTAL of Receipts This Page (optional) 40.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Hy-Vee, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STENART, RAYMOND 12864 CLARK STREET CLIVE, IA 50325	HY VEE, INC.	11-4-97	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP	Aggregate Year-to-Date > \$ 215.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON TAYLOR 13116 ELMONTE LEAWOOD, KS 66209	HY VEE, INC.	11-4-97	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR OF OPERATIONS	Aggregate Year-to-Date > \$ 220.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

145.00

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 12-4-97
<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>Steb</i> PREPARER	12-11-97 DATE PREPARED