

THE HY-VEE EMPLOYEES' PAC

A Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

5820 Westown Parkway
West Des Moines, Iowa 50265
Phone: 515-267-2800

1999 NOV -4 A 11: 24

November 1, 1999

CERTIFIED MAIL

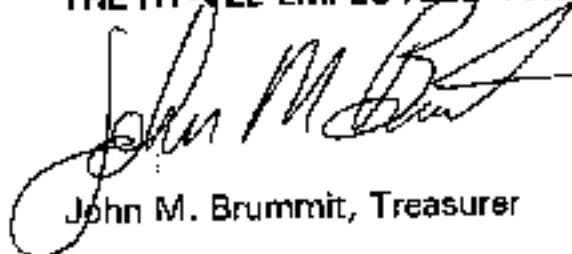
Federal Election Commission
999 E Street N W
Washington, DC 20463

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 October 1 through October 31, 1999.

Yours very truly,

THE HY-VEE EMPLOYEES' PAC



John M. Brummit, Treasurer

JMB/gg

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV 24

1. NAME OF COMMITTEE (in full)
Hy-Vee, Inc. Employees' Political
Action Committee

ADDRESS (number and street) Check if different than previously reported
5820 Westown Parkway

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

2. FEC IDENTIFICATION NUMBER
C 00243659

3. This committee has qualified as a multicandidate
committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

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

BUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Oct. 1</u> through <u>Oct. 31, 1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 2,791.61
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,402.97	
(c) Total Receipts (from Line 18)	\$ 4,683.67	\$ 29,145.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 29,086.64	\$ 31,936.64
7. Total Disbursements (from Line 30)	\$ {600.00}	\$ 2,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 29,686.64	\$ 29,686.64
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	

For further information contact:
Federal Election Commission
999 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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 M. Brummit

Signature of Treasurer
John M. Brummit

Date
11-1-99

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

COMMITTEE		REPORT COVERING PERIOD		
Hy-Vee, Inc. Employees Political Action Committee		FROM 10-1-99	TO: 10-31-99	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)(i)
i.	Itemized (use Schedule A)	1550.00	11,000.00	11(a)(ii)
ii.	Unitemized	3133.67	18,135.03	11(a)(iii)
b.	Political Party Committees	4683.67	29,145.03	11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add i, ii, b and c) >	4683.67	29,145.03	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) >	4,683.67	29,145.03	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	4,683.67	29,145.03	20
II Disbursements				
21.	Operating Expenditures:			21(a)(i)
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(ii)
i.	Federal Share			21(b)
ii.	Non-Federal Share			21(c)
b.	Other Federal Operating Expenditures			21(d)
c.	Total Operating Expenditures (add a i, a ii, and b) >			22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	100.00	24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees			28(c)
b.	Political Party Committees			28(d)
c.	Other Political Committees (such as PACs)			29
d.	Total Contribution Refunds (add a, b and c) >	<600.00>	2150.00	30
29.	Other Disbursements	<600.00>	2250.00	31
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<600.00>	2250.00	32
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			33
III Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	4,683.67	29,145.03	34
33.	Total Contribution Refunds (from line 28d)			35
34.	Net Contributions (other than loans)(subtract line 33 from 32)	4,683.67	29,145.03	36
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			37
36.	Offsets to Operating Expenditures (from line 15)			
37.	Net Operating Expenditures (subtract line 36 from 35) >			

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
John Allen 1863 Longview Loop Council Bluffs, IA 51503	Hy-Vee, Inc.	10-27-99	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Director	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Bean 8101 Wellington Blvd Johnston, IA 50131	Hy-Vee, Inc.	10-27-99	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Director	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy Bulman 100 Lakeview Drive Calona, IL 51241	Hy-Vee, Inc.	10-27-99	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Director	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jamey Gifford 413 39th St. West Des Moines, IA 50265	Hy-Vee, Inc.	10-27-99	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Director	Aggregate Year-to-Date > \$ 260.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Hubler 2895 Silver Oak Trail Marron, IA 52302	Hy-Vee, Inc.	10-27-99	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Director	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rose Kleyweg Mitchell 5707 Formel Court West Des Moines, IA 50266	Hy-Vee, Inc.	10-27-99	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Education & Govt Affairs	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Lonning 9260 N.W. 36th St. Polk City, IA 50226	Hy-Vee, Inc.	10-27-99	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Director	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

550.00

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 2 OF 3
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 each committee.

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

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Pearson, Ron 5534 Glen Oaks Pointe West Des Moines, IA 50266	Hy-Vee, Inc. Chairman, CEO, President 1000.00	10-27-99	250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Hurwitz, Lou 5104 Brookview Drive West Des Moines, IA 50266	Lomar Distributing President 250.00	—	—
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Spinelli, Stephen 320 NE Wicklow Court Lee's Summit, MO 64064	Hy-Vee, Inc. Store Director 900.00	10-27-99	300.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Jurgens, Ric 3008 Jordan Grove West Des Moines, IA 50266	Hy-Vee, Inc. V.P. 600.00	10-27-99	150.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Waller, Kenneth 8024 Tiburon Place Johnston, IA 50131	Hy-Vee, Inc. V.P. - President PDI 500.00	10-27-99	125.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Hy-Vee, Inc. 5820 Westown Parkway West Des Moines, Iowa 50266	— — 5000.00	—	—
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Snook 6001 Creston Ave #9 Des Moines, IA 50321	Hy-Vee, Inc. Store Director 400.00	10-27-99	100.00
SUBTOTAL of Receipts This Page (optional)			925.00
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 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Scott Youngberg 7309 1st Av. SW Cedar Rapids, IA 52405	Hy-Vee, Inc. Store Director	10-27-99	75.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	1550.00

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	Date (month, day, year)	Amount of Each Disbursement This Period
Annual Jefferson-Jackson Day Dinner 2116 Grand Ave Des Moines, IA 50265	Iowa Democratic Party General Fund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-28-99	600.00
Dinner was full check was sent back & voided	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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)

600.00

TOTAL This Period (last page this line number only)

600.00

