



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FBL FINANCIAL GROUP INC PAC**

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"/>	<input type="text" value="6132.42"/>	<input type="text" value="6132.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8678.11"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7251.31"/>	<input type="text" value="10797.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="15929.42"/>	<input type="text" value="16929.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3200.00"/>	<input type="text" value="4200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12729.42"/>	<input type="text" value="12729.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**FBL FINANCIAL GROUP INC PAC**

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).....	5956.41	6580.43
(ii) Unitemized .....	1294.90	4216.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7251.31	10797.00
(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) .....	7251.31	10797.00
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))..... ▶	7251.31	10797.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7251.31	10797.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	1000.00	2000.00
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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2200.00	2200.00
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)) ..	3200.00	4200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3200.00	4200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7251.31	10797.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7251.31	10797.00
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: PAGE 6 OF 40  
(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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)  
**A. Kevin Anderson**  
 Mailing Address 2111 Stone Brooke Rd  
 City State Zip Code  
 Ames IA 50010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FBL Financial Group Insurance Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 222.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2015  
**Transaction ID : SA11AI.10411**  
 Amount of Each Receipt this Period  
 27.78  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Kevin Anderson**  
 Mailing Address 2111 Stone Brooke Rd  
 City State Zip Code  
 Ames IA 50010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FBL Financial Group Insurance Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : SA11AI.10410**  
 Amount of Each Receipt this Period  
 27.76  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Brian A Bierstedt**  
 Mailing Address 2615 Lexington  
 City State Zip Code  
 Norwalk IA 50211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FBL Financial Group Insurance executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : SA11AI.10284**  
 Amount of Each Receipt this Period  
 55.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.54  
**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 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Brian A Bierstedt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Lexington

City Norwalk State IA Zip Code 50211

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

Name of Employer FBL Financial Group Occupation Insurance executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **08 / 18 / 2015**  
Transaction ID : **SA11AI.10341**

Amount of Each Receipt this Period **55.00**

Contribution

**B. Brian A Bierstedt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Lexington

City Norwalk State IA Zip Code 50211

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

Name of Employer FBL Financial Group Occupation Insurance executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **09 / 18 / 2015**  
Transaction ID : **SA11AI.10312**

Amount of Each Receipt this Period **55.00**

Contribution

**C. Brian A Bierstedt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Lexington

City Norwalk State IA Zip Code 50211

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

Name of Employer FBL Financial Group Occupation Insurance executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **10 / 18 / 2015**  
Transaction ID : **SA11AI.10385**

Amount of Each Receipt this Period **55.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **165.00**

**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:	PAGE 9 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Casey Decker</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015 <b>Transaction ID : SA11AI.10314</b>
Mailing Address 1775 Burr Oaks			Amount of Each Receipt this Period 62.50
City W Des Moines	State IA	Zip Code 50266	Contribution
FEC ID number of contributing federal political committee. C		Occupation Insurnace executive	
Name of Employer FBL Financial Group	Aggregate Year-to-Date ▼ 312.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Casey Decker</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2015 <b>Transaction ID : SA11AI.10390</b>
Mailing Address 1775 Burr Oaks			Amount of Each Receipt this Period 62.50
City W Des Moines	State IA	Zip Code 50266	Contribution
FEC ID number of contributing federal political committee. C		Occupation Insurnace executive	
Name of Employer FBL Financial Group	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Casey Decker</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015 <b>Transaction ID : SA11AI.10416</b>
Mailing Address 1775 Burr Oaks			Amount of Each Receipt this Period 62.50
City W Des Moines	State IA	Zip Code 50266	Contribution
FEC ID number of contributing federal political committee. C		Occupation Insurnace executive	
Name of Employer FBL Financial Group	Aggregate Year-to-Date ▼ 437.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.50
<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 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Casey Decker</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015 <b>Transaction ID : SA11AI.10417</b>
Mailing Address 1775 Burr Oaks			Amount of Each Receipt this Period 62.50
City W Des Moines	State IA	Zip Code 50266	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer FBL Financial Group	Occupation Insurnace executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Nancy Doll</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2015 <b>Transaction ID : SA11AI.10287</b>
Mailing Address 1382 NW 141st Street			Amount of Each Receipt this Period 55.56
City Clive	State IA	Zip Code 50325	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer FBL Financial Group	Occupation Insurance Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.24		

Full Name (Last, First, Middle Initial) <b>C. Nancy Doll</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2015 <b>Transaction ID : SA11AI.10344</b>
Mailing Address 1382 NW 141st Street			Amount of Each Receipt this Period 55.56
City Clive	State IA	Zip Code 50325	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer FBL Financial Group	Occupation Insurance Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.80		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.62
<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: PAGE 11 OF 40  
(check only one)

<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)  
**A. Nancy Doll**

Mailing Address 1382 NW 141st Street

City Clive	State IA	Zip Code 50325
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FEC ID number of contributing federal political committee. **C**

Name of Employer FBL Financial Group	Occupation Insurance Executive
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

**Transaction ID : SA11AI.10315**

Amount of Each Receipt this Period  

55.56
-------

**Contribution**

Full Name (Last, First, Middle Initial)  
**B. Nancy Doll**

Mailing Address 1382 NW 141st Street

City Clive	State IA	Zip Code 50325
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FEC ID number of contributing federal political committee. **C**

Name of Employer FBL Financial Group	Occupation Insurance Executive
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.92**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2015

**Transaction ID : SA11AI.10373**

Amount of Each Receipt this Period  

55.56
-------

**Contribution**

Full Name (Last, First, Middle Initial)  
**C. Nancy Doll**

Mailing Address 1382 NW 141st Street

City Clive	State IA	Zip Code 50325
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FEC ID number of contributing federal political committee. **C**

Name of Employer FBL Financial Group	Occupation Insurance Executive
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **444.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2015

**Transaction ID : SA11AI.10408**

Amount of Each Receipt this Period  

55.56
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**Contribution**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>166.68</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 12 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Nancy Doll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1382 NW 141st Street  
City Clive State IA Zip Code 50325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FBL Financial Group Occupation Insurance Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 21 / 2015**  
**Transaction ID : SA11AI.10409**  
Amount of Each Receipt this Period **55.52**  
Contribution

**B. Carrie Dostal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1109 Westside Drive  
City Polk City State IA Zip Code 50226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FBL Financial Group Inc. Occupation Insurance Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **213.36**

Date of Receipt **07 / 16 / 2015**  
**Transaction ID : SA11AI.10288**  
Amount of Each Receipt this Period **53.34**  
Contribution

**C. Carrie Dostal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1109 Westside Drive  
City Polk City State IA Zip Code 50226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FBL Financial Group Inc. Occupation Insurance Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **266.70**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : SA11AI.10316**  
Amount of Each Receipt this Period **53.34**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **162.20**  
**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 13 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Carrie Dostal</b>			Date of Receipt MM / DD / YYYY 09 / 18 / 2015 <b>Transaction ID : SA11AI.10345</b>
Mailing Address 1109 Westside Drive			Amount of Each Receipt this Period 53.34
City Polk City	State IA	Zip Code 50226	Contribution
FEC ID number of contributing federal political committee. C		Occupation Insurance Executive	
Name of Employer FBL Financial Group Inc.	Aggregate Year-to-Date ▼ 320.04		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Carrie Dostal</b>			Date of Receipt MM / DD / YYYY 10 / 18 / 2015 <b>Transaction ID : SA11AI.10370</b>
Mailing Address 1109 Westside Drive			Amount of Each Receipt this Period 53.34
City Polk City	State IA	Zip Code 50226	Contribution
FEC ID number of contributing federal political committee. C		Occupation Insurance Executive	
Name of Employer FBL Financial Group Inc.	Aggregate Year-to-Date ▼ 373.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Carrie Dostal</b>			Date of Receipt MM / DD / YYYY 11 / 18 / 2015 <b>Transaction ID : SA11AI.10401</b>
Mailing Address 1109 Westside Drive			Amount of Each Receipt this Period 53.34
City Polk City	State IA	Zip Code 50226	Contribution
FEC ID number of contributing federal political committee. C		Occupation Insurance Executive	
Name of Employer FBL Financial Group Inc.	Aggregate Year-to-Date ▼ 426.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.02
<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 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Carrie Dostal</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 <b>Transaction ID : SA11AI.10402</b>
Mailing Address 1109 Westside Drive			Amount of Each Receipt this Period 53.28
City Polk City	State IA	Zip Code 50226	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 480.00	
Name of Employer FBL Financial Group Inc.	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mathew E Gleason</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2015 <b>Transaction ID : SA11AI.10386</b>
Mailing Address 2401 NE 10th Ct			Amount of Each Receipt this Period 30.00
City Grimes	State IA	Zip Code 50111	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer FBL Financial	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mathew E Gleason</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2015 <b>Transaction ID : SA11AI.10454</b>
Mailing Address 2401 NE 10th Ct			Amount of Each Receipt this Period 30.00
City Grimes	State IA	Zip Code 50111	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer FBL Financial	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	113.28
<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 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)  
**A. Daniel G Greteman**

Mailing Address 4628 Valley View Lane

City State Zip Code  
W Des Moines IA 50265

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

Name of Employer Occupation  
FBL Financial Group Insurance executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**222.24**

Date of Receipt  
**07 / 16 / 2015**

**Transaction ID : SA11AI.10291**

Amount of Each Receipt this Period  
**55.56**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Daniel G Greteman**

Mailing Address 4628 Valley View Lane

City State Zip Code  
W Des Moines IA 50265

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

Name of Employer Occupation  
FBL Financial Group Insurance executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**277.80**

Date of Receipt  
**08 / 18 / 2015**

**Transaction ID : SA11AI.10348**

Amount of Each Receipt this Period  
**55.56**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Daniel G Greteman**

Mailing Address 4628 Valley View Lane

City State Zip Code  
W Des Moines IA 50265

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

Name of Employer Occupation  
FBL Financial Group Insurance executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**333.36**

Date of Receipt  
**09 / 18 / 2015**

**Transaction ID : SA11AI.10319**

Amount of Each Receipt this Period  
**55.56**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>166.68</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 16 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Daniel G Greteman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4628 Valley View Lane  
 City W Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **388.92**

Date of Receipt: 10 / 18 / 2015  
**Transaction ID : SA11AI.10388**  
 Amount of Each Receipt this Period: 55.56  
 Contribution

**B. Daniel G Greteman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4628 Valley View Lane  
 City W Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **444.48**

Date of Receipt: 11 / 18 / 2015  
**Transaction ID : SA11AI.10420**  
 Amount of Each Receipt this Period: 55.56  
 Contribution

**C. Daniel G Greteman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4628 Valley View Lane  
 City W Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 12 / 21 / 2015  
**Transaction ID : SA11AI.10421**  
 Amount of Each Receipt this Period: 55.52  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>166.64</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 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Paul Grinvalds**  
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Brookview Dr

City W Des Moines State IA Zip Code 50265

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

Name of Employer Contribution Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **213.36**

Date of Receipt **07 / 16 / 2015**

**Transaction ID : SA11AI.10292**

Amount of Each Receipt this Period **53.34**

Contribution

**B. Paul Grinvalds**  
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Brookview Dr

City W Des Moines State IA Zip Code 50265

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

Name of Employer Contribution Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.70**

Date of Receipt **08 / 18 / 2015**

**Transaction ID : SA11AI.10350**

Amount of Each Receipt this Period **53.34**

Contribution

**C. Paul Grinvalds**  
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Brookview Dr

City W Des Moines State IA Zip Code 50265

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

Name of Employer Contribution Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.04**

Date of Receipt **09 / 18 / 2015**

**Transaction ID : SA11AI.10320**

Amount of Each Receipt this Period **53.34**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.02**

**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 18 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Paul Grinvalds**  
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Brookview Dr

City W Des Moines State IA Zip Code 50265

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

Name of Employer Occupation  
Contribution Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**373.38**

Date of Receipt  
**10 / 18 / 2015**  
Transaction ID : **SA11AI.10349**

Amount of Each Receipt this Period  
**53.34**

Contribution

**B. Paul Grinvalds**  
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Brookview Dr

City W Des Moines State IA Zip Code 50265

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

Name of Employer Occupation  
Contribution Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**426.72**

Date of Receipt  
**11 / 18 / 2015**  
Transaction ID : **SA11AI.10418**

Amount of Each Receipt this Period  
**53.34**

Contribution

**C. Paul Grinvalds**  
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Brookview Dr

City W Des Moines State IA Zip Code 50265

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

Name of Employer Occupation  
Contribution Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**480.00**

Date of Receipt  
**12 / 21 / 2015**  
Transaction ID : **SA11AI.10419**

Amount of Each Receipt this Period  
**53.28**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ► **159.96**

**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 19 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Charles Happel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7942 NW 103rd Lane  
 City Grimes State IA Zip Code 50111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Inc. Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **222.24**

Date of Receipt: **07 / 16 / 2015**  
**Transaction ID : SA11AI.10293**  
 Amount of Each Receipt this Period: **55.56**  
 Contribution

**B. Charles Happel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7942 NW 103rd Lane  
 City Grimes State IA Zip Code 50111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Inc. Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **277.80**

Date of Receipt: **08 / 18 / 2015**  
**Transaction ID : SA11AI.10351**  
 Amount of Each Receipt this Period: **55.56**  
 Contribution

**c. Charles Happel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7942 NW 103rd Lane  
 City Grimes State IA Zip Code 50111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Inc. Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.36**

Date of Receipt: **09 / 18 / 2015**  
**Transaction ID : SA11AI.10321**  
 Amount of Each Receipt this Period: **55.56**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>166.68</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: PAGE 20 OF 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)  
**A. Charles Happel**

Mailing Address 7942 NW 103rd Lane

City State Zip Code  
Grimes IA 50111

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

Name of Employer Occupation  
FBL Financial Group Inc. Insurance Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
388.92

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 18 / 2015  
**Transaction ID : SA11AI.10371**

Amount of Each Receipt this Period  
55.56

Contribution

Full Name (Last, First, Middle Initial)  
**B. Charles Happel**

Mailing Address 7942 NW 103rd Lane

City State Zip Code  
Grimes IA 50111

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

Name of Employer Occupation  
FBL Financial Group Inc. Insurance Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
444.48

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 18 / 2015  
**Transaction ID : SA11AI.10403**

Amount of Each Receipt this Period  
55.56

Contribution

Full Name (Last, First, Middle Initial)  
**c. Charles Happel**

Mailing Address 7942 NW 103rd Lane

City State Zip Code  
Grimes IA 50111

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

Name of Employer Occupation  
FBL Financial Group Inc. Insurance Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 21 / 2015  
**Transaction ID : SA11AI.10404**

Amount of Each Receipt this Period  
55.52

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 166.64

**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 21 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Joel L Kaiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 4415 161st Street

City Urbandale State IA Zip Code 50323

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

Name of Employer: FBL Financial Group Occupation: Insurance executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **213.36**

Date of Receipt: **07 / 16 / 2015**  
Transaction ID : **SA11AI.10294**

Amount of Each Receipt this Period: **53.34**

Contribution

**B. Joel L Kaiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 4415 161st Street

City Urbandale State IA Zip Code 50323

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

Name of Employer: FBL Financial Group Occupation: Insurance executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **266.70**

Date of Receipt: **08 / 18 / 2015**  
Transaction ID : **SA11AI.10352**

Amount of Each Receipt this Period: **53.34**

2079 Stratford Way

**C. Joel L Kaiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 4415 161st Street

City Urbandale State IA Zip Code 50323

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

Name of Employer: FBL Financial Group Occupation: Insurance executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.04**

Date of Receipt: **09 / 18 / 2015**  
Transaction ID : **SA11AI.10322**

Amount of Each Receipt this Period: **53.34**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **160.02**

**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 22 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Joel L Kaiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4415 161st Street  
 City Urbandale State IA Zip Code 50323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **373.38**

Date of Receipt: 10 / 18 / 2015  
**Transaction ID : SA11AI.10380**  
 Amount of Each Receipt this Period: **53.34**  
 Contribution

**B. Joel L Kaiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4415 161st Street  
 City Urbandale State IA Zip Code 50323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **426.72**

Date of Receipt: 11 / 18 / 2015  
**Transaction ID : SA11AI.10422**  
 Amount of Each Receipt this Period: **53.34**  
 Contribution

**C. Joel L Kaiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4415 161st Street  
 City Urbandale State IA Zip Code 50323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: 12 / 21 / 2015  
**Transaction ID : SA11AI.10423**  
 Amount of Each Receipt this Period: **53.28**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>159.96</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 23 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Daniel Koster</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2015 <b>Transaction ID : SA11AI.10430</b>
Mailing Address 2615 Jerry Circle			Amount of Each Receipt this Period 26.67
City Van Meter	State IA	Zip Code 50261	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 213.36	
Name of Employer FBL Financial Group	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Daniel Koster</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 <b>Transaction ID : SA11AI.10431</b>
Mailing Address 2615 Jerry Circle			Amount of Each Receipt this Period 26.64
City Van Meter	State IA	Zip Code 50261	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer FBL Financial Group	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. James A Nelson</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2015 <b>Transaction ID : SA11AI.10434</b>
Mailing Address 6750 School Street #901			Amount of Each Receipt this Period 26.67
City Windsor Heights	State IA	Zip Code 50311	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 213.36	
Name of Employer FBL Financial Group	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.98
<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: PAGE 24 OF 40  
(check only one)

<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)  
**A. James A Nelson**

Mailing Address 6750 School Street #901

City Windsor Heights State IA Zip Code 50311

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

Name of Employer FBL Financial Group Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 21 / 2015**  
Transaction ID : **SA11AI.10435**

Amount of Each Receipt this Period **26.64**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Shawna Pope**

Mailing Address 14104 Ridgemont

City Urbandale State IA Zip Code 50323

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

Name of Employer FBLInsurance Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **213.36**

Date of Receipt **11 / 18 / 2015**  
Transaction ID : **SA11AI.10438**

Amount of Each Receipt this Period **26.67**

Contribution

Full Name (Last, First, Middle Initial)  
**c. Shawna Pope**

Mailing Address 14104 Ridgemont

City Urbandale State IA Zip Code 50323

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

Name of Employer FBLInsurance Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 21 / 2015**  
Transaction ID : **SA11AI.10439**

Amount of Each Receipt this Period **26.64**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **79.95**

**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 25 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)  
**A. Larry Riley**

Mailing Address 1117 Morgan Lane

City Manhattan State KS Zip Code 66503

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

Name of Employer Farm Bureau Financial Group Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 18 / 2015**

**Transaction ID : SA11AI.10440**

Amount of Each Receipt this Period  
**30.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Larry Riley**

Mailing Address 1117 Morgan Lane

City Manhattan State KS Zip Code 66503

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

Name of Employer Farm Bureau Financial Group Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : SA11AI.10441**

Amount of Each Receipt this Period  
**30.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. John Roepke**

Mailing Address 14308 Alpine Dr

City Urbandale State IA Zip Code 50323

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

Name of Employer FBL Financial Group Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2015**

**Transaction ID : SA11AI.10387**

Amount of Each Receipt this Period  
**31.12**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **91.12**

**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 26 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. John Roepke**  
Full Name (Last, First, Middle Initial)

Mailing Address 14308 Alpine Dr

City Urbandale    State IA    Zip Code 50323

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

Name of Employer: FBL Financial Group    Occupation: Insurance Executive

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **248.96**

Date of Receipt: **11 / 18 / 2015**  
**Transaction ID : SA11AI.10444**

Amount of Each Receipt this Period: **31.12**

Contribution

**B. John Roepke**  
Full Name (Last, First, Middle Initial)

Mailing Address 14308 Alpine Dr

City Urbandale    State IA    Zip Code 50323

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

Name of Employer: FBL Financial Group    Occupation: Insurance Executive

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: **12 / 21 / 2015**  
**Transaction ID : SA11AI.10445**

Amount of Each Receipt this Period: **31.04**

Contribution

**C. Donald Seibel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1537 South 45th

City W Des Moines    State IA    Zip Code 50265

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

Name of Employer: FBL Financial Group    Occupation: Insurance Executive

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **266.68**

Date of Receipt: **07 / 16 / 2015**  
**Transaction ID : SA11AI.10305**

Amount of Each Receipt this Period: **66.67**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>128.83</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 27 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)  
**A. Donald Seibel**

Mailing Address 1537 South 45th

City W Des Moines	State IA	Zip Code 50265
----------------------	-------------	-------------------

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

Name of Employer FBL Financial Group	Occupation Insurance Executive
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 18 / 2015**

**Transaction ID : SA11AI.10360**

Amount of Each Receipt this Period  
**66.67**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Donald Seibel**

Mailing Address 1537 South 45th

City W Des Moines	State IA	Zip Code 50265
----------------------	-------------	-------------------

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

Name of Employer FBL Financial Group	Occupation Insurance Executive
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 18 / 2015**

**Transaction ID : SA11AI.10334**

Amount of Each Receipt this Period  
**66.67**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Donald Seibel**

Mailing Address 1537 South 45th

City W Des Moines	State IA	Zip Code 50265
----------------------	-------------	-------------------

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

Name of Employer FBL Financial Group	Occupation Insurance Executive
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.69**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2015**

**Transaction ID : SA11AI.10374**

Amount of Each Receipt this Period  
**66.67**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.01</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 28 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Donald Seibel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1537 South 45th

City W Des Moines State IA Zip Code 50265

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

Name of Employer FBL Financial Group Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **533.36**

Date of Receipt **11 / 18 / 2015**  
Transaction ID : **SA11AI.10432**

Amount of Each Receipt this Period **66.67**

Contribution

**B. Donald Seibel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1537 South 45th

City W Des Moines State IA Zip Code 50265

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

Name of Employer FBL Financial Group Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 21 / 2015**  
Transaction ID : **SA11AI.10433**

Amount of Each Receipt this Period **66.64**

Contribution

**c. Christopher T Shryack**  
Full Name (Last, First, Middle Initial)

Mailing Address 3011 153rd Street

City Urbandale State IA Zip Code 50322

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

Name of Employer FBL Financial Group Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.24**

Date of Receipt **07 / 16 / 2015**  
Transaction ID : **SA11AI.10306**

Amount of Each Receipt this Period **55.56**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **188.87**

**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 29 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Christopher T Shryack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 153rd Street  
 City Urbandale State IA Zip Code 50322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.80

Date of Receipt 08 / 18 / 2015  
**Transaction ID : SA11AI.10364**  
 Amount of Each Receipt this Period 55.56  
 Contribution

**B. Christopher T Shryack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 153rd Street  
 City Urbandale State IA Zip Code 50322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 09 / 18 / 2015  
**Transaction ID : SA11AI.10335**  
 Amount of Each Receipt this Period 55.56  
 Contribution

**C. Christopher T Shryack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 153rd Street  
 City Urbandale State IA Zip Code 50322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.92

Date of Receipt 10 / 18 / 2015  
**Transaction ID : SA11AI.10393**  
 Amount of Each Receipt this Period 55.56  
 Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 166.68  
**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 30 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Christopher T Shryack</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2015 <b>Transaction ID : SA11AI.10447</b>
Mailing Address 3011 153rd Street			Amount of Each Receipt this Period 55.56
City Urbandale	State IA	Zip Code 50322	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 444.48	
Name of Employer FBL Financial Group	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christopher T Shryack</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 <b>Transaction ID : SA11AI.10446</b>
Mailing Address 3011 153rd Street			Amount of Each Receipt this Period 55.52
City Urbandale	State IA	Zip Code 50322	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer FBL Financial Group	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Donald S Stice</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 16 / 2015 <b>Transaction ID : SA11AI.10307</b>
Mailing Address 1857 Glen Oaks Drive			Amount of Each Receipt this Period 66.67
City West Des Moines	State IA	Zip Code 50266	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 266.68	
Name of Employer FBL Financial Group	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.75
<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 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Donald S Stice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1857 Glen Oaks Drive  
 City West Des Moines State IA Zip Code 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : SA11AI.10365**  
 Amount of Each Receipt this Period 66.67  
 Contribution

**B. Donald S Stice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1857 Glen Oaks Drive  
 City West Des Moines State IA Zip Code 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.10336**  
 Amount of Each Receipt this Period 66.67  
 Contribution

**C. Donald S Stice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1857 Glen Oaks Drive  
 City West Des Moines State IA Zip Code 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 466.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : SA11AI.10394**  
 Amount of Each Receipt this Period 66.67  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.01  
**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 32 OF 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FBL FINANCIAL GROUP INC PAC**

**A. Donald S Stice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1857 Glen Oaks Drive  
 City State Zip Code  
 West Des Moines IA 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FBL Financial Group Insurance Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 533.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2015  
**Transaction ID : SA11AI.10448**  
 Amount of Each Receipt this Period  
 66.67  
 Contribution

**B. Donald S Stice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1857 Glen Oaks Drive  
 City State Zip Code  
 West Des Moines IA 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FBL Financial Group Insurance Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : SA11AI.10449**  
 Amount of Each Receipt this Period  
 66.64  
 Contribution

**C. Kathleen TillStange**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 S 33rd Street  
 City State Zip Code  
 W Des Moines IA 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FBL Financial Group Inc. Insurance Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 448.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : SA11AI.10308**  
 Amount of Each Receipt this Period  
 112.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.31  
**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 33 OF 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FBL FINANCIAL GROUP INC PAC**

**A. Kathleen TillStange**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 S 33rd Street  
 City W Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Inc. Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 18 / 2015  
**Transaction ID : SA11AI.10366**  
 Amount of Each Receipt this Period 112.00  
 Contribution

**B. Kathleen TillStange**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 S 33rd Street  
 City W Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Inc. Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 09 / 18 / 2015  
**Transaction ID : SA11AI.10337**  
 Amount of Each Receipt this Period 112.00  
 Contribution

**C. Kathleen TillStange**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 S 33rd Street  
 City W Des Moines State IA Zip Code 50265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FBL Financial Group Inc. Occupation Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 784.00

Date of Receipt 10 / 18 / 2015  
**Transaction ID : SA11AI.10369**  
 Amount of Each Receipt this Period 112.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 336.00  
**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 34 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial) <b>A. Kathleen TillStange</b>			Date of Receipt MM / DD / YYYY 11 / 18 / 2015 <b>Transaction ID : SA11AI.10399</b>
Mailing Address 609 S 33rd Street			Amount of Each Receipt this Period 112.00
City W Des Moines	State IA	Zip Code 50265	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer FBL Financial Group Inc.	Occupation Insurance Executive	Aggregate Year-to-Date ▼ 896.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kathleen TillStange</b>			Date of Receipt MM / DD / YYYY 12 / 21 / 2015 <b>Transaction ID : SA11AI.10400</b>
Mailing Address 609 S 33rd Street			Amount of Each Receipt this Period 112.00
City W Des Moines	State IA	Zip Code 50265	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer FBL Financial Group Inc.	Occupation Insurance Executive	Aggregate Year-to-Date ▼ 1008.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Raymond W Wasilewski</b>			Date of Receipt MM / DD / YYYY 07 / 16 / 2015 <b>Transaction ID : SA11AI.10309</b>
Mailing Address 2150 NW 147th Street			Amount of Each Receipt this Period 133.34
City Clive	State IA	Zip Code 50325	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer FBL Financial	Occupation Insurance Executive	Aggregate Year-to-Date ▼ 533.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	357.34
<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 35 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Raymond W Wasilewski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2150 NW 147th Street

City Clive	State IA	Zip Code 50325
---------------	-------------	-------------------

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

Name of Employer FBL Financial	Occupation Insurance Executive
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

**Transaction ID : SA11AI.10367**

Amount of Each Receipt this Period  

133.34
--------

**Contribution**

**B. Raymond W Wasilewski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2150 NW 147th Street

City Clive	State IA	Zip Code 50325
---------------	-------------	-------------------

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

Name of Employer FBL Financial	Occupation Insurance Executive
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

**Transaction ID : SA11AI.10338**

Amount of Each Receipt this Period  

133.34
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**Contribution**

**C. Raymond W Wasilewski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2150 NW 147th Street

City Clive	State IA	Zip Code 50325
---------------	-------------	-------------------

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

Name of Employer FBL Financial	Occupation Insurance Executive
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **933.38**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2015

**Transaction ID : SA11AI.10395**

Amount of Each Receipt this Period  

133.34
--------

**Contribution**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.02</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 36 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Raymond W Wasilewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2150 NW 147th Street  
 City Clive State IA Zip Code 50325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1066.72**

Date of Receipt: **11 / 18 / 2015**  
**Transaction ID : SA11AI.10451**  
 Amount of Each Receipt this Period: **133.34**  
 Contribution

**B. Raymond W Wasilewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2150 NW 147th Street  
 City Clive State IA Zip Code 50325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt: **12 / 21 / 2015**  
**Transaction ID : SA11AI.10450**  
 Amount of Each Receipt this Period: **133.28**  
 Contribution

**C. Kelley R Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 NE Trilein Dr  
 City Ankeny State IA Zip Code 50321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **213.36**

Date of Receipt: **07 / 16 / 2015**  
**Transaction ID : SA11AI.10310**  
 Amount of Each Receipt this Period: **53.34**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>319.96</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 37 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Kelley R Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 NE Trilein Dr  
 City Ankeny State IA Zip Code 50321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **266.70**

Date of Receipt: 08 / 18 / 2015  
**Transaction ID : SA11AI.10368**  
 Amount of Each Receipt this Period: 53.34  
 Contribution

**B. Kelley R Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 NE Trilein Dr  
 City Ankeny State IA Zip Code 50321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **320.04**

Date of Receipt: 09 / 18 / 2015  
**Transaction ID : SA11AI.10339**  
 Amount of Each Receipt this Period: 53.34  
 Contribution

**C. Kelley R Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 NE Trilein Dr  
 City Ankeny State IA Zip Code 50321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **373.38**

Date of Receipt: 10 / 18 / 2015  
**Transaction ID : SA11AI.10396**  
 Amount of Each Receipt this Period: 53.34  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>160.02</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 38 OF 40
	<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)  
**FBL FINANCIAL GROUP INC PAC**

**A. Kelley R Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 NE Trilein Dr  
 City Ankeny State IA Zip Code 50321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 426.72

Date of Receipt: 11 / 18 / 2015  
**Transaction ID : SA11AI.10452**  
 Amount of Each Receipt this Period: 53.34  
 Contribution

**B. Kelley R Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 NE Trilein Dr  
 City Ankeny State IA Zip Code 50321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FBL Financial Group Occupation: Insurance Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 21 / 2015  
**Transaction ID : SA11AI.10453**  
 Amount of Each Receipt this Period: 53.28  
 Contribution

**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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	106.62
<b>TOTAL</b> This Period (last page this line number only).....▶	5956.41

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

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NAME OF COMMITTEE (In Full)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)

**A. Grassley Committee**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.10398**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

1000.00
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1000.00
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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)  
**FBL FINANCIAL GROUP INC PAC**

Full Name (Last, First, Middle Initial)

### A. Federation of Iowa Insurers PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2015

Mailing Address 700 Walnut ST  
Suite 1600

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Contribution - Non federal

Candidate Name

Category/  
Type

Transaction ID : SB29.10397

Amount of Each Disbursement this Period

2200.00
---------

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

### B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

### C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

2200.00
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2200.00
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