

Indiana Farm Bureau Inc. ELECT

Political Action Committee Inc.

225 South East Street • P.O. Box 1290 • Indianapolis, IN 46206 • Telephone 317-692-7845

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
DEC 7 4 11 PM '98

December 1, 1998

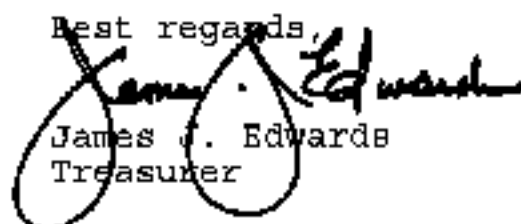
Federal Election Commission
999 E Street N.W.
Washington, D.C. 20463

Dear Sirs:

Attached is FEC form 3X in duplicate for the period ending November 23, 1998 for Indiana Farm Bureau, Inc. ELECT.

We would appreciate your returning an acknowledged copy of Form 3X for our files.

Best regards,


James J. Edwards
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) INDIANA FARM BUREAU INC., ELECT POLITICAL ACTION COMMITTEE INC.	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM DEC 4 11 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 225 S. EAST STREET	2. FEC IDENTIFICATION NUMBER CO0169722
CITY, STATE and ZIP CODE INDIANAPOLIS, INDIANA 46206	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on NOV. 3 in the State of INDIANA **POST GENERAL**
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>OCT. 1, 1998</u> through <u>NOV. 23, 1998</u>		
6. (a) Cash on Hand January 1, 1998		\$ 178,989
(b) Cash on Hand at Beginning of Reporting Period	\$ 167,213	
(c) Total Receipts (from Line 10)	\$ 867	\$ 38,465
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 168,080	\$ 217,434
7. Total Disbursements (from Line 3D)	\$ 23,883	\$ 73,237
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 144,197	\$ 144,197
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	

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: JAMES J EDWARDS

Signature of Treasurer: *James J Edwards* Date: 12-1-98

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE INDIANA FARM BUREAU INC., ELECT		REPORT COVERING PERIOD FROM 10-1-98 TO: 11-23-98	
		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)			11(a)(ii)
ii. Unitemized	446	28,408	11(a)(iii)
iii. Total			11(b)
Total			11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			12
d. Total Contributions	446	28,408	13
12. Transfers From Affiliated/Other Party Committees			14
13. All Loans Received			15
14. Loan Repayments Received			16
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			18
17. Other Federal Receipts (Dividends, Interest, etc.)	421	10,037	19
INTEREST			20
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	867	38,445	
20. Total Federal Receipts	867	38,445	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	16,900	25,127	21(c)
c. Total Operating Expenditures	16,900	25,127	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000	43,000	24
24. Independent Expenditures (use Schedule E)	4,983	4,983	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		127	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds		127	28(d)
29. Other Disbursements			29
30. Total Disbursements	23,883	73,237	30
31. Total Federal Disbursements	23,883	73,237	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	446	28,408	32
33. Total Contribution Refunds (from line 28d)	-0-	127	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	446	28,280	34
35. Total Federal Operating Expenditures	16,900	25,127	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures	16,900	25,127	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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

NAME OF COMMITTEE (in Full)
INDIANA FARM BUREAU INC., ELECT POLITICAL ACTION COMMITTEE INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CAMPAIGN EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
HELMKE FOR SENATE 916 S. CALHOUN FT. WAYNE, IN 46802		10-15-98	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 b

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)

INDIANA FARM BUREAU INC., ELECT POLITICAL ACTION COMMITTEE INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HAYWOOD & PETROW P.C. 8435 KEYSTONE CROSSING SUITE 250 INDIANAPOLIS, IN 46240	AUDIT SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	1,900.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
INDIANA FARM BUREAU, INC. 225 S.EAST STREET INDIANAPOLIS, IN 46206	SERVICE FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11-23-98	15,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

16,900.00

TOTAL This Period (last page this line number only)

16,900.00

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full) INDIANA FARM BUREAU INC., ELECT POLITICAL ACTION COMMITTEE, INC.		CDD 169722		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
THE PRESS-DISPATCH 820 POPLAR STREET PETERSBURG, IN 47567	NEWSPAPER ADV.	10-22-98	\$237.51	JOHN HOSTETTLER U.S. HOUSE INDIANA DIST. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
THE EVANSVILLE COURIER 300 EAST WALNUT STREET EVANSVILLE, IN 47713	NEWSPAPER ADV.	10-22-98	2416.05	JOHN HOSTETTLER U.S. HOUSE INDIANA DIST. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
VINCENNES SUN-COMMERCIAL P.O. BOX 396 VINCENNES, IN 47591	NEWSPAPER ADV.	10-22-98	745.92	JOHN HOSTETTLER U.S. HOUSE INDIANA DIST. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
THE HERALD TIMES 1900 SOUTH WALNUT STREET P.O. BOX 909 BLOOMINGTON, IN 47402-0909	NEWSPAPER ADV.	10-22-98	1281.42	JOHN HOSTETTLER U.S. HOUSE INDIANA DIST. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
WAREICK PUBLISHING CO. 204 WEST LOCUST STREET P.O. BOX 71 BOONVILLE, IN 47601	NEWSPAPER ADV.	10-23-98	302.60	JOHN HOSTETTLER U.S. HOUSE INDIANA DIST. 8 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 4983.46	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$	
(c) TOTAL Independent Expenditures			\$ 4983.46	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this 23rd day of

OCTOBER, 1998

My Commission expires:

October 9, 2000

Beverly Sharp
NOTARY PUBLIC

Jamie Edwards 10-23-98
Signature Date

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/1/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 AX	 12/1/98
PREPARER	DATE PREPARED