

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

CORRECTED COPY

USE FEC MAILING OR TYPE OR PRINT

1. NAME OF COMMITTEE (do not include individual names) Ivy-Vee Food Stores, Inc. Political Action Committee	2. FEC IDENTIFICATION NUMBER C 00243659
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1801 Osceola Ave	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).
CITY, STATE and ZIP CODE Chariton, Iowa 50049	

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 checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period <u>August 1, 1993</u> through <u>August 31, 1993</u>		
6	(a) Cash on Hand January 1, 19 <u>93</u>		\$ 18,437.50
	(b) Cash on Hand at Beginning of Reporting Period	\$ 25,315.58	
	(c) Total Receipts (from Line 19)	\$ 354.00	\$ 8,522.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 25,669.58	\$ 26,959.50
7	Total Disbursements (from Line 20)	\$ 300.00	\$ 1,589.92
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 25,369.58	\$ 25,369.58
9	Debits and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10	Debits and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John C. Briggs	
Signature of Treasurer 	Date 9-1-93

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 5X

(revised 1/1/81)

NAME OF COMMITTEE Hy-Vee Food Stores, Inc. Employees' Political Action Committee

REPORT COVERING PERIOD

FROM 8-1-93 TO 8-31-93

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year

11. Contributions (other than loans) From:

a. Individual/Persons Other Than Political Committees

i. Itemized (use Schedule A)

0.00

175.00

ii. Unitemized

354.00

8,347.00

iii. Total (add i and ii) >

354.00

8,522.00

b. Political Party Committees

c. Other Political Committees (such as PACs)

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

354.00

8,522.00

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

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

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

18. Transfers from Nonfederal Account for Joint Activity

19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >

354.00

8,522.00

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

354.00

8,522.00

II. Disbursements

21. Operating Expenditures:

a. Shared Federal/Non-Federal Activity (from Schedule H4)

i. Federal Share

ii. Non-Federal Share

b. Other Federal Operating Expenditures

c. Total Operating Expenditures (add a i, a ii, and b) >

9.92

9.92

22. Transfers to Affiliated/Other Party Committees

23. Contributions to Federal Candidates/Committees and Other Political Committees

24. Independent Expenditures (use Schedule E)

25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:

a. Individual/Persons Other Than Political Committees

b. Political Party Committees

c. Other Political Committees (such as PACs)

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

29. Other Disbursements

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

300.00

1,589.92

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

300.00

1,589.92

III. Net Contributions/Operating Expenditures

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

354.00

8,522.00

33. Total Contribution Refunds (from line 28d)

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

354.00

8,522.00

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

9.92

36. Offsets to Operating Expenditures (from line 15)

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

9.92

240335

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FDL LINE NUMBER

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

NAME OF COMMITTEE (in Full)

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

9
4
0
3
3
1
3
3
4

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Allen 805 Longview Council Bluffs, Iowa 51501	HyVee Food Stores, Inc. Occupation: Store Manager	--	0.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 225.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Pearson 2500 Jordan Grove West Des Moines, Iowa 52265	HyVee Food Stores, Inc. Occupation: President, CEO	--	0.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	0.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
 > Hy-Vee Food Stores, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Redfern 315 Clay St. Cedar Falls, Iowa 50613	Redfern for Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Special</i>	8-2-98	200.00
Mary Lundby 1240 14th Street Marion, Iowa 52302	Lundby for Iowa House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-24-93	100.00
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

5 TOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) 300.00

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

8-30-94

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMH

PREPARER

9-6-94

DATE PREPARED

2 4 0 5 7 0 1 3 6