

For Other Than An Authorized Committee
(Summary Page)

CORRECTED COPY

USE FEC MAIL LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Hy-vee Food Stores, Inc. Political Action Committee		2. FED IDENTIFICATION NUMBER C 00243659
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1801 Osceola Ave		
CITY, STATE and ZIP CODE Chariton, Iowa 50049		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

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

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

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

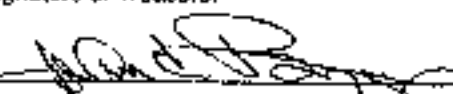
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SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10-1-93</u> through <u>10-31-93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>			\$ 18,437.50
(b) Cash on Hand at Beginning of Reporting Period		\$ 25,733.58	
(c) Total Receipts (from Line 19)		\$ 2,311.00	\$ 11,197.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 28,044.58	\$ 29,634.50
7. Total Disbursements (from Line 30)		\$ 2,000.00	\$ 3,589.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 26,044.58	\$ 26,044.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 **11-1-93**

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 3X

(revised 1/1/91)

NAME OF COMMITTEE Hy-Vee Food Stores, Inc. Employees' Political Action Committee		REPORT COVERING PERIOD FROM 10/1/93 TO 10/31/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		670.00	965.00
ii. Unitemized		4,641.00	10,232.00
iii. Total (add i and ii) >		2,311.00	11,197.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		2,311.00	11,197.00
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) >		2,311.00	11,197.00
20. Total Federal Receipts (subtract line 18 from line 19) >		2,311.00	11,197.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			9.92
b. Other Federal Operating Expenditures			9.92
c. Total Operating Expenditures (add a i, a ii, and b) >			9.92
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		2,000.00	3,580.00
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) >		2,000.00	3,589.92
31. Total Federal Disbursements (subtract line 21 d from line 30) >		2,000.00	3,589.92
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		2,311.00	11,197.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		2,311.00	11,197.00
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 35 from 36) >			9.92

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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

NAME OF COMMITTEE (in Full)

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

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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	Hy Vee Food Stores, cna.	10-14-93	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Store Manager</u>	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Pearson 2500 Jordan Grove West Des Moines, Iowa 50265	Hy Vee Food Stores, cna.	10-27-93	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>President</u>	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Bear 416 Centennial Drive Chariton, Iowa 51012	Hy Vee Food Stores, cna.	10-4-93	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Director of Operations</u>	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Robertson 1032 N. 21st St. Chariton, Iowa 50049	Hy Vee Food Stores, cna.	10-4-93	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>VP</u>	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Wheeler 906 N.W. Campus Ridge Court Ankeny, Iowa 50021	Hy Vee Food Stores, cna.	10-4-93	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>VP</u>	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Brown RR 1 Quail Ridge Asquatch Bluff, Iowa 51054	Hy Vee Food Stores cna.	10-14-93	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Store Manager</u>	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken Butcher 1018 Campus Ridge Court Ankeny, Iowa 50021	Hy Vee Food Stores, cna.	10-14-93	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Store Manager</u>	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)	295.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

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

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A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Fringsfeld 4937 Utah Drive Ames, Iowa 50010		Hy Vee Food Stores, Inc.	10-14-93	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Store Manager	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jamey Gifford 413 39th Street West Des Moines, Iowa 50265		Hy Vee Food Stores, Inc.	10-14-93	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Store Manager	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carter D Howe 1620 Bilgaria Ct NE Cedar Rapids, Iowa 52402		Hy Vee Food Stores, Inc.	10-14-93	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Store Manager	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Langston 2902 30th St. Old Oakwood Moline, Illinois		Hy Vee Food Stores, Inc.	10-14-93	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Store Manager	Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Moon 159 Nowood Drive Council Bluffs, Iowa 51503		Hy Vee Food Stores, Inc.	10-14-93	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Store Manager	Aggregate Year-to-Date > \$ 240.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Youngberg 203 Bonita Ave. Marshall, Mo 64258		Hy Vee Food Stores, Inc.	10-14-93	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Store Manager	Aggregate Year-to-Date > \$ 225.00	
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):		Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	670.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 sales, 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
<i>Food PAC 800 Connecticut Ave NW Washington DC 20004-2701</i>	<i>Transfer to other PAC</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Other PAC</i>	<i>10-7-93</i>	<i>1,000.00</i>
B. Full Name, Mailing Address and ZIP Code <i>The Governor's Proposed Comm 2020 Congressall Ave Des Moines, Iowa 50312</i>	Purpose of Disbursement <i>Contribution to Governor Barnstad (State of Iowa)</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10-21-93</i>	<i>1,000.00</i>
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
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3
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0

TOTAL of Disbursements This Page (optional)	<i>2,000.00</i>
TOTAL This Period (last page this line number only)	<i>2,000.00</i>

**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 8-30-94
<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

JMH
PREPARER

9-2-97
DATE PREPARED

94039201346