

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **5820 WESTOWN PARKWAY**
 Check if different than previously reported. (ACC) **WEST DES MOINES IA 50266**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00243659 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2020 through / / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Krajiceck, Jeremy, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Krajiceck, Jeremy, , ,* [Electronically Filed] Date / / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

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="2020"/>	<input type="text" value="110041.75"/>	<input type="text" value="110041.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="153707.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8530.76"/>	<input type="text" value="66196.12"/>
(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="162237.87"/>	<input type="text" value="176237.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="15500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="160737.87"/>	<input type="text" value="160737.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

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).....	5939.94	36399.69
(ii) Unitemized	2590.82	29796.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8530.76	66196.12
(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)	8530.76	66196.12
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)).....▶	8530.76	66196.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8530.76	66196.12

DETAILED SUMMARY PAGE
of Disbursements

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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1500.00	15500.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1500.00	15500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	15500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8530.76	66196.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8530.76	66196.12
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 22
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. AGOSTINO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18136 MASON ST
 City ELKHORN State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, PHARMACY INNOVATION/BUSIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 01 / 2020**
Transaction ID : SA11AI.46898
 Amount of Each Receipt this Period 100.00
 Memo Item

B. AGOSTINO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18136 MASON ST
 City ELKHORN State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, PHARMACY INNOVATION/BUSIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **07 / 31 / 2020**
Transaction ID : SA11AI.47021
 Amount of Each Receipt this Period 100.00
 Memo Item

C. ALLEN, JOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 EAST STATE ST
 City MASON CITY State IA Zip Code 50401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Store Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt **07 / 01 / 2020**
Transaction ID : SA11AI.46899
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.66
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 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. ALLEN, JOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 EAST STATE ST
 City MASON CITY State IA Zip Code 50401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Store Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47022
 Amount of Each Receipt this Period 41.66
 Memo Item

B. BATY, DARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2690 NW 163RD ST
 City CLIVE State IA Zip Code 50325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, Strategy and Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 10 / 2020
Transaction ID : SA11AI.46976
 Amount of Each Receipt this Period 250.00
 Memo Item

C. BEENBLOSSOM, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 SUMMER AVE
 City BRANDON State SD Zip Code 57005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, General Merchandise
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 10 / 2020
Transaction ID : SA11AI.46977
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	391.66
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 8 OF 22
<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. CROCKER, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2039 GOLFVIEW CIRCLE

City CENTERVILLE	State IA	Zip Code 52544
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) AVP Operations; Eastern Central
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2020

Transaction ID : SA11AI.46913

Amount of Each Receipt this Period
100.00

Memo Item

B. CROCKER, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2039 GOLFVIEW CIRCLE

City CENTERVILLE	State IA	Zip Code 52544
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) AVP Operations; Eastern Central
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2020

Transaction ID : SA11AI.47036

Amount of Each Receipt this Period
100.00

Memo Item

C. EDEKER, RANDALL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3703 133RD ST

City URBANDALE	State IA	Zip Code 50322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) Chariman of the Board, CEO, President
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2916.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2020

Transaction ID : SA11AI.46916

Amount of Each Receipt this Period
416.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	616.67
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 9 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. EDEKER, RANDALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3703 133RD ST
 City URBANDALE State IA Zip Code 50322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Chariman of the Board, CEO, President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.36

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47039
 Amount of Each Receipt this Period 416.67
 Memo Item

B. FUHRMAN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5597 N RIDGE CIRCLE
 City BETTENDORF State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP OPERATIONS, EASTERN DISTR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 723.31

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46922
 Amount of Each Receipt this Period 103.33
 Memo Item

C. FUHRMAN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5597 N RIDGE CIRCLE
 City BETTENDORF State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP OPERATIONS, EASTERN DISTR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 826.64

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47045
 Amount of Each Receipt this Period 103.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	623.33
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 10 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. GOSCH, JEREMY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 336 VALLEY OAKS DR

City WINONA	State MN	Zip Code 55987
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) AVP OPERATIONS, NORTHERN DIST
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2020

Transaction ID : SA11AI.46923

Amount of Each Receipt this Period
110.00

Memo Item

B. GOSCH, JEREMY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 336 VALLEY OAKS DR

City WINONA	State MN	Zip Code 55987
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) AVP OPERATIONS, NORTHERN DIST
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

Transaction ID : SA11AI.47046

Amount of Each Receipt this Period
110.00

Memo Item

C. GUBBINS, DANNY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 840 LAKEVIEW AVE

City POLK CITY	State IA	Zip Code 50226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) AVP, Merchandising
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2020

Transaction ID : SA11AI.46924

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	245.00
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 11 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. GUBBINS, DANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 LAKEVIEW AVE
 City POLK CITY State IA Zip Code 50226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, Merchandising
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 10 / 2020**
Transaction ID : SA11AI.46986
 Amount of Each Receipt this Period 25.00
 Memo Item

B. GUBBINS, DANNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 LAKEVIEW AVE
 City POLK CITY State IA Zip Code 50226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, Merchandising
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **07 / 31 / 2020**
Transaction ID : SA11AI.47047
 Amount of Each Receipt this Period 25.00
 Memo Item

C. HARRISON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6907 SWEETWATER DR
 City DES MOINES State IA Zip Code 50320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) DIRECTOR, POS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **07 / 01 / 2020**
Transaction ID : SA11AI.46929
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 12 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. HARRISON, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6907 SWEETWATER DR

City DES MOINES	State IA	Zip Code 50320
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) DIRECTOR, POS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

Transaction ID : SA11AI.46987

Amount of Each Receipt this Period
175.00

Memo Item

B. HARRISON, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6907 SWEETWATER DR

City DES MOINES	State IA	Zip Code 50320
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) DIRECTOR, POS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

Transaction ID : SA11AI.47051

Amount of Each Receipt this Period
25.00

Memo Item

C. KASKA, TONY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1032 N 6TH ST

City CHARITON	State IA	Zip Code 50049
------------------	-------------	-------------------

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

Name of Employer (for Individual) Hy-Vee Inc	Occupation (for Individual) AVP, HY-VEE, INC, CEO MIDWEST HE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2020

Transaction ID : SA11AI.46935

Amount of Each Receipt this Period
65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	265.00
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 13 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. KASKA, TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1032 N 6TH ST
 City CHARITON State IA Zip Code 50049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, HY-VEE, INC, CEO MIDWEST HI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47057
 Amount of Each Receipt this Period 65.00
 Memo Item

B. KRUSE, KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8021 TIBURON PL
 City JOHNSTON State IA Zip Code 50131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Vice President, General Merchandise
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 10 / 2020
Transaction ID : SA11AI.46996
 Amount of Each Receipt this Period 300.00
 Memo Item

C. LUDWIG, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5705 LEWIS COURT
 City BETTENDORF State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 641.62

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46941
 Amount of Each Receipt this Period 91.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	456.66
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 14 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. LUDWIG, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5705 LEWIS COURT
 City BETTENDORF State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 733.28

Date of Receipt **07 / 31 / 2020**
Transaction ID : SA11AI.47063
 Amount of Each Receipt this Period 91.66
 Memo Item

B. MARSHALL, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15909 BROOKSHIRE DR
 City URBANDALE State IA Zip Code 50323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) SR VP, MARKETING/MERCHANDISIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt **07 / 10 / 2020**
Transaction ID : SA11AI.46997
 Amount of Each Receipt this Period 275.00
 Memo Item

C. MILLS, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19483 258TH AVE
 City BETTENDORF State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Store Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt **07 / 01 / 2020**
Transaction ID : SA11AI.46945
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	449.99
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 15 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. MILLS, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19483 258TH AVE
 City BETTENDORF State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Store Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47067
 Amount of Each Receipt this Period 83.33
 Memo Item

B. NELSON, ANGELA, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 E RUSSELL
 City JEFFERSON State IA Zip Code 50129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Pharmacy Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46947
 Amount of Each Receipt this Period 83.33
 Memo Item

C. NELSON, ANGELA, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 E RUSSELL
 City JEFFERSON State IA Zip Code 50129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Pharmacy Supervisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47069
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
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 16 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. PETERSON, TONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 3RD STREET S
 City HUMBOLDT State IA Zip Code 50548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, Recruiting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46950
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PETERSON, TONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 3RD STREET S
 City HUMBOLDT State IA Zip Code 50548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, Recruiting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47073
 Amount of Each Receipt this Period 50.00
 Memo Item

C. RUSSELL, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2613 E HIGH ST
 City DAVENPORT State IA Zip Code 52803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46953
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 17 OF 22
	<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. RUSSELL, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2613 E HIGH ST
 City DAVENPORT State IA Zip Code 52803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47076
 Amount of Each Receipt this Period 100.00
 Memo Item

B. SCHREINER, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8550 PARKSIDE CIRCLE
 City WEST DES MOINES State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, FINANCIAL REPORTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2020
Transaction ID : SA11AI.47007
 Amount of Each Receipt this Period 125.00
 Memo Item

C. SHERLOCK, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2332 MUDDY CREED
 City CORALVILLE State IA Zip Code 52241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, Food Service Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1166.69

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46954
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	391.67
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 18 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. SHERLOCK, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2332 MUDDY CREED
 City CORALVILLE State IA Zip Code 52241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, Food Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.36

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47077
 Amount of Each Receipt this Period 166.67
 Memo Item

B. SKOKAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35115 BURGUNDY CIRCLE
 City WAUKEE State IA Zip Code 50263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46955
 Amount of Each Receipt this Period 300.00
 Memo Item

C. SKOKAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35115 BURGUNDY CIRCLE
 City WAUKEE State IA Zip Code 50263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2516.66

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47078
 Amount of Each Receipt this Period 366.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 833.33
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 22
<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. STEPHENS, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 VETERANS MEMORIAL DRIVE
 City CARLISLE State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Store Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46961
 Amount of Each Receipt this Period 83.33
 Memo Item

B. STEPHENS, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 VETERANS MEMORIAL DRIVE
 City CARLISLE State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Store Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47084
 Amount of Each Receipt this Period 83.33
 Memo Item

C. STEWART, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 REED COURT
 City WEST DES MOINES State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, PERISHABLES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1083.31

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46963
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 20 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. STEWART, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 REED COURT
 City WEST DES MOINES State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, PERISHABLES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.31

Date of Receipt 07 / 10 / 2020
Transaction ID : SA11AI.47010
 Amount of Each Receipt this Period 250.00
 Memo Item

B. STEWART, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 REED COURT
 City WEST DES MOINES State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) VP, PERISHABLES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1416.64

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47086
 Amount of Each Receipt this Period 83.33
 Memo Item

C. WILLIAMS, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 DEVONWOOD DRIVE
 City COUNCIL BLUFFS State IA Zip Code 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, PHARMACY SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46972
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 408.33
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 22
<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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. WILLIAMS, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 DEVONWOOD DRIVE
 City COUNCIL BLUFFS State IA Zip Code 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) AVP, PHARMACY SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47096
 Amount of Each Receipt this Period 75.00
 Memo Item

B. WOODWARD JR, FRANCIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6117 194TH AVE
 City OMAHA State NE Zip Code 68135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.46974
 Amount of Each Receipt this Period 83.33
 Memo Item

C. WOODWARD JR, FRANCIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6117 194TH AVE
 City OMAHA State NE Zip Code 68135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 07 / 31 / 2020
Transaction ID : SA11AI.47098
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.66
TOTAL This Period (last page this line number only).....	5939.94

**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"/> 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)
HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

A. Finch, Blaine, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5 SW Fairview Dr.

City Ottawa State KS Zip Code 66067

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2020

FEC Identification Number: C
Transaction ID : SB29.47103
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Holscher, Cindy, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 4781

City Olathe State KS Zip Code 66062

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2020

FEC Identification Number: C
Transaction ID : SB29.47107
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Olson, Rob, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15944 S. Claiborne Street

City Olathe State KS Zip Code 66062

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2020

FEC Identification Number: C
Transaction ID : SB29.47105
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00