

# THE HY-VEE EMPLOYEES' PAC

A Political Action Committee

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
8820 Westtown Parkway  
West Des Moines, Iowa 50268  
Phone: 515-257-2800  
SEP 12 10 41 AM '97

September 2, 1997

## CERTIFIED MAIL

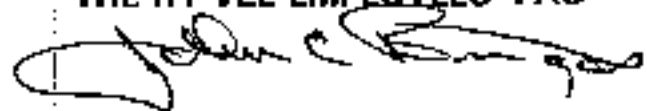
Federal Election Commission  
999 E Street N W  
Washington, DC 20463

Gentlemen:

Enclosed herewith is our Report of Receipts and Disbursements for a Political Committee other than an Authorized Committee, FEC Form 3X, covering the period from August 1, 1997 through August 31, 1997.

Yours very truly,

THE HY-VEE EMPLOYEES' PAC



John Briggs, Treasurer

JB/gg

enclosure

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

SEP 12 10 41 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)  
Hy-Vee, Inc. Employees' Political  
Action Committee

ADDRESS (number and street)  Check if different than previously reported  
5820 Westown Parkway

CITY, STATE and ZIP CODE  
West Des Moines, IA 50266

2. FEC IDENTIFICATION NUMBER  
C 00243659

3.  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:

- February 20
- March 20
- April 20
- May 20
- June 20
- July 20
- August 20
- September 20
- October 20
- November 20
- December 20
- January 31

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

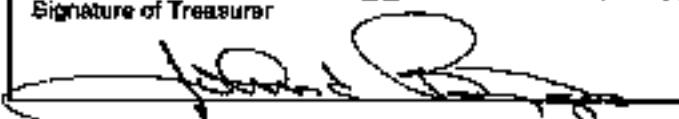
Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>8-1-97</u> through <u>8-31-97</u>		
6. (a) Cash on Hand January 1, 19__			\$ 5,589.42
(b) Cash on Hand at Beginning of Reporting Period		\$ 19,217.26	
(c) Total Receipts (from Line 19)		\$ 506.33	\$ 15,509.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 19,723.59	\$ 21,098.59
7. Total Disbursements (from Line 30)		\$ 1,000.00	\$ 2,375.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 18,723.59	\$ 18,723.59
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 938 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts 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 9-2-97

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

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**FEC FORM 3X**  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE **Hy-Vee, Inc. Employees Political  
Action Committee**

REPORT COVERING PERIOD

FROM **8-1-97**

TO: **8-31-97**

**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)

ii. Unitemized

iii. Total (add i and ii) >

**b. Political Party Committees**

**c. Other Political Committees (such as PACs)**

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

**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) >**

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

**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) >**

**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) >**

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

**III. Net Contributions/Operating Expenditures**

**32. Total Contributions (other than loans)(from line 11d) 506.33 15,509.17**

**33. Total Contribution Refunds (from line 28d)**

**34. Net Contributions (other than loans)(subtract line 33 from 32) 506.33 15,509.17**

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

**36. Offsets to Operating Expenditures (from line 15)**

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

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)

Ry-Vee, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD PEARSON 5534 GLEN OAKS POINTE WEST DES MOINES, IA 50266 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HY VEE, INC. Occupation: PRESIDENT, CHAIRMAN, CEO Aggregate Year-to-Date > \$ 750.00	-- --	0.00
RICHARD JURGENS 300 B JORDAN GROVE WEST DES MOINES, IA 50265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HY VEE, INC. Occupation: VP, CAO Aggregate Year-to-Date > \$ 450.00	-- --	0.00
NICHOLAS STEINBACH 11017 "2" STREET DAVENPORT, NE 68137 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HY VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 450.00	-- --	0.00
JOHN ALLEN 1863 LONGVIEW LOOP COUNCIL BLUFFS, IA 51503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HY VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 225.00	-- --	0.00
ROONEY BEAN 8101 WELLINGTON BLVD JOHNSTON, IA 50131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HY VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 225.00	-- --	0.00
JOHN LONNING 9260 NW 36TH STREET POLK CITY, IA 50226 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HY VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 225.00	-- --	0.00
LEWIS SPOOK 6001 CRESTON AVE #9 DES MOINES, IA 50321 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HY VEE, INC. Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 300.00	-- --	0.00
SUBTOTAL of Receipts This Page (optional)			0.00
TOTAL This Period (last page this line number only)			0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hy-Vee, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT YOUNGBERG 203 DONITA AVE MARSHALL, MN 56258 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee, Inc Occupation: STORE DIRECTOR Aggregate Year-to-Date > \$ 225.00	---	0.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			0.00
TOTAL This Period (last page this line number only)			0.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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, Inc., Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
LEGISLATIVE MAJORITY FUND REPUBLICAN PARTY OF IOWA 521 E LOUISY AVENUE DES MOINES, IOWA 50309	REPUBLICAN PARTY GENERAL FUND	8-21-97	1,000.00
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)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

