

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

OFFICIALS CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example if typing, type over the lines. 12FE4M5

FARMERS MUTUAL MAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2323 GRAND AVENUE

Check if different than previously reported. (ACC) DES MOINES IA 50312-5392

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00117614 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01/01/2004 through 03/31/2004

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 OSCAR DEARDORFF

Signature of Treasurer [Handwritten Signature] Date 04/13/2004

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

Office Use Only FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

**FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: 01 01 2004 To: 03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		37,936.45
(b) Cash on Hand at Beginning of Reporting Period	37,936.45	
(c) Total Receipts (from Line 10)	4,079.11	4,079.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42,015.56	42,015.56
7. Total Disbursements (from Line 8)	915.00	915.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41,100.56	41,100.56
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)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
990 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev 02/2003)

Write or Type Committee Name

FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 01 2004 To: 03 31 2004

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) .....	1,125.00	
(ii) Unitemized .....	2,925.78	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	4,050.78	4,050.78
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4,050.78	4,050.78
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	28.33	28.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....		
(b) Levin Funds (from Schedule H5) .....		
(c) Total Transfers (add 18(a) and 18(b)) .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4,079.11	4,079.11
20. Total Federal Receipts (subtract Line 16(c) from Line 19) .....	4,079.11	4,079.11

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 13(d), page 3) .....	4,050.78	4,050.78
34. Total Contributions Refunds (from Line 28(d)) .....	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	(3,135.78)	(3,135.78)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	65.00	65.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	-	-
38. Net Operating Expenditures (subtract Line 36 from Line 35) .....	(3,200.78)	(3,200.78)

**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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	65.00	65.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	65.00	65.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	850.00	850.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. 5441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. 5431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....	915.00	915.00
32. Total Federal Disbursements (subtract line 21(a)(i) and Line 30(a)(ii) from Line 31) .....	915.00	915.00

**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 1 OF 2

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
			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)

FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bigley, L.K., Francis V.

Mailing Address

1042 Burr Oaks Drive

City

West Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing  
federal political committee.

C 00117614

Name of Employer

Farmers Mutual Hail Ins Co

Occupation

VP-Reinsurance

Receipt For

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

200 00

Date of Receipt

01 05 2004

Amount of Each Receipt this Period

200 00

Full Name (Last, First, Middle Initial)

B. Coy, Ken L.

Mailing Address

1890 NW 20th Avenue

City

Ankeny

State

IA

Zip Code

50021

FEC ID number of contributing  
federal political committee.

C 00117614

Name of Employer

Farmers Mutual Hail Ins Co

Occupation Data Base

Administrator

Receipt For

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

01 12 2004

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

C. Deardorff, Oscar L.

Mailing Address

P.O. Box 12038

City

Des Moines

State

IA

Zip Code

50312

FEC ID number of contributing  
federal political committee.

C 00117614

Name of Employer

Farmers Mutual Hail Ins Co

Occupation Executive Asst.

Corporate Relations

Receipt For

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

230 00

Date of Receipt

01 05 2004

Amount of Each Receipt this Period

230 00

SUBTOTAL of Receipts This Page (optional)

680 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: PAGE 2 OF 2  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (in Full)

FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Fischer, Steven C.</b>		Date of Receipt 01 05 2004
Mailing Address 603 13th Street, SE City: Altona IA Zip Code: 50009		Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee: C 00117614		
Name of Employer Farmers Mutual Hail Ins Co	Occupation VP-Human Resources	Amount of Each Receipt this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>B. Rutledge, Steven C.</b>		Date of Receipt Payroll Deduction
Mailing Address 3421 Briar Ridge City: West Des Moines IA Zip Code: 50265		Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee: C 00117614		
Name of Employer Farmers Mutual Hail Ins Co	Occupation President & CEO	Amount of Each Receipt this Period 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address City: State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee: C		
Name of Employer	Occupation	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 (in millions) .....  
 TOTAL This Period (last page this line number only) .....

445.00  
 125.00

**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)

PAGE 1 OF 1

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

Any information copied from such Reports and Statements may not be 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 committees.

NAME OF COMMITTEE (In Full)

FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.**

**Merrill Lynch**

Mailing Address  
400 Locust Street

City: Des Moines State: IA Zip Code: 50309

Purpose of Disbursement: Bank Account Charge

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 01 06 2004

Amount of Each Disbursement this Period: 65.00

Category/Type: 001

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

Amount of Each Disbursement this Period: 65.00



**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)	PAGE 1 OF 1				
	<input type="checkbox"/> 21a <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 29	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)  
**FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Bennett Election Committee**

Mailing Address  
**PO Box 77361**

City: **Washington** State: **D.C.** Zip Code: **20013**

Purpose of Disbursement: **Contribution**

Candidate Name: **Bob Bennett**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **UT** District:

Date of Disbursement: MM/DD/YYYY  
**02/12/2004**

Amount of Each Disbursement This Period  
**100.00**

Category/Type: **011**

Full Name (Last, First, Middle Initial)  
**B. The Grassley Committee, Inc.**

Mailing Address  
**PO Box 1000**

City: **Des Moines** State: **IA** Zip Code: **50304**

Purpose of Disbursement: **Contribution**

Candidate Name: **Charles Grassley**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **IA** District:

Date of Disbursement: MM/DD/YYYY  
**03/11/2004**

Amount of Each Disbursement This Period  
**1,000.00**

Category/Type: **011**

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City: State: Zip Code:

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM/DD/YYYY

Amount of Each Disbursement This Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ **1,100.00**

**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)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (In Full)

**FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

<b>A.</b> NAME: <b>NACIA PAC</b> Mailing Address: PO Box 368 City: <b>Memphis</b> State: <b>TX</b> Zip Code: <b>79245</b>		Date of Disbursement: * * * * * <b>03 31 2004</b>
Purpose of Disbursement: <b>Contribution</b> Candidate Name:		Amount of Each Disbursement this Period: ..... ..... ..... <b>(250.00)</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: <b>010</b>

Full Name (Last, First, Middle Initial)

<b>B.</b> Mailing Address: City: _____ State: _____ Zip Code: _____		Date of Disbursement: * * * * *
Purpose of Disbursement: Candidate Name:		Amount of Each Disbursement this Period: ..... ..... .....
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type:

Full Name (Last, First, Middle Initial)

<b>C.</b> Mailing Address: City: _____ State: _____ Zip Code: _____		Date of Disbursement: * * * * *
Purpose of Disbursement: Candidate Name:		Amount of Each Disbursement this Period: ..... ..... .....
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type:

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

.....  
 .....  
 ..... **(250.00)**

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

The FEC 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"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (RAC) 4-14-04
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JA</i> PREPARER	4-20-04 DATE PREPARED