

**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** Category/Type: **011**

Candidate Name: **Bob Bennett**

Office Sought: House Senate President
 State: **UT** District: **X**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 12 2004**

Amount of Each Disbursement This Period: **100.00**

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** Category/Type: **011**

Candidate Name: **Charles Grassley**

Office Sought: House Senate President
 State: **IA** District: **X**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 11 2004**

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

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

Mailing Address

City: State: Zip Code:

Purpose of Disbursement: Category/Type:

Candidate Name:

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

Amount of Each Disbursement This Period:

SUBTOTAL of Disbursements This Page (optional) ▶

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