

**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  
REPORTNEW  
(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

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KELLER, JOSEPH, J, ,

Type or Print Name of Treasurer

Signature of Treasurer

KELLER, JOSEPH, J, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 07 2017

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">129293.50</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">129293.50</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">17195.90</span>	<span style="border: 1px solid black; padding: 2px;">17195.90</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">146489.40</span>	<span style="border: 1px solid black; padding: 2px;">146489.40</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">9500.00</span>	<span style="border: 1px solid black; padding: 2px;">9500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">136989.40</span>	<span style="border: 1px solid black; padding: 2px;">136989.40</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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)

Page 3

Write or Type Committee Name

HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	7		

**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).....

4256.67

4256.67

(ii) Unitemized .....

12939.23

12939.23

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

17195.90

17195.90

(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) .....

17195.90

17195.90

## 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)) .....

17195.90

17195.90

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

17195.90

17195.90

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....	2000.00	2000.00
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).....	7500.00	7500.00
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)) ..	9500.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	9500.00

**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) .....	17195.90	17195.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17195.90	17195.90
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 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 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)

HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BATY, DARREN, , ,

Mailing Address 2690 NW 163RD ST

City  
CLIVEState  
IAZip Code  
50325FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2017

Transaction ID : SA11AI.33417

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bremser, Brett, , ,

Mailing Address 4019 139TH STREET

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)

VP, Center Store

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2017

Transaction ID : SA11AI.33423

Amount of Each Receipt this Period

290.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDEKER, RANDALL, , ,

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 ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 03 / 2017

Transaction ID : SA11AI.33143

Amount of Each Receipt this Period

416.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

956.67

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 7 OF 17

☒ 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GRIESEN BROCK, JOHN, A, ,**

Mailing Address 6405 S CRANE AVE

City  
SIOUX FALLS

State  
SD

Zip Code  
57108

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 ▼

650.00

Date of Receipt

01 / 20 / 2017

Transaction ID : SA11AI.33432

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KRUSE, KARL, , ,**

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 ▼

300.00

Date of Receipt

01 / 20 / 2017

Transaction ID : SA11AI.33446

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LAING, SHEILA, , ,**

Mailing Address 925 N 5TH 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)

VP, HR AND ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 20 / 2017

Transaction ID : SA11AI.33447

Amount of Each Receipt this Period

375.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 17  
 (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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARSHALL, JAY, , ,**

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 ▼

275.00

Date of Receipt

MM / DD / YYYY  
 01 / 20 / 2017

Transaction ID : SA11AI.33449

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCANALLY, BRADLEY, , ,**

Mailing Address 2314 BENT TREE CT

City  
ST JOSEPH

State  
MO

Zip Code  
64506

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 ▼

350.00

Date of Receipt

MM / DD / YYYY  
 01 / 20 / 2017

Transaction ID : SA11AI.33451

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCANALLY, HEATHER, , ,**

Mailing Address 355 88TH ST #7205

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)

Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
 01 / 20 / 2017

Transaction ID : SA11AI.33452

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 17

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKOKAN, MICHAEL, , ,

Mailing Address 35115 BURGUNDY CIRCLE

City  
WAUKEEState  
IAZip Code  
50263FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 03 / 2017

Transaction ID : SA11AI.33197

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEWART, NATHAN, , ,

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 ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2017

Transaction ID : SA11AI.33475

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STOFFER, DICK, , ,

Mailing Address 5411 PONDEROSA DR

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)

DIRECTOR, STATE GOVERNMENT RE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2017

Transaction ID : SA11AI.33476

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

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 10 OF 17  
(check only one)

<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TWEETEN, DONNA, , ,**

Mailing Address 14881 WOODCREST DRIVE

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, MARKETING AND COMMUNICATI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2017

Transaction ID : SA11AI.33478

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WAMPLER, DANIEL, , ,**

Mailing Address 4705 150TH ST

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)

AVP, EAST CENTRAL DISTRICT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2017

Transaction ID : SA11AI.33480

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

4256.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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"/> 30b

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NAME OF COMMITTEE (In Full)

**HY-VEE INC EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Branstad, Terry, , ,**

Mailing Address 3590 109th st

City  
UrbandaleState  
IAZip Code  
50322

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB23.33093

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POLIQUIN FOR CONGRESS**

Mailing Address PO BOX 50

City  
OAKLANDState  
MEZip Code  
04963

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	7		

FEC Identification Number

C

C00518654

Transaction ID : SB23.33118

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

<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**

Full Name (Last, First, Middle Initial)

**A. Anderson, Bill, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

Mailing Address 1138 Mason Avenue

FEC Identification Number

**C****Transaction ID : SB29.33106**

Amount of Each Disbursement this Period

500.00

☐ Memo ItemCity  
PiersonState  
IAZip Code  
51048

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 27

Full Name (Last, First, Middle Initial)

**B. Baltimore For Iowa House**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

Mailing Address P O Box 367

FEC Identification Number

**C****Transaction ID : SB29.33100**

Amount of Each Disbursement this Period

250.00

☐ Memo ItemCity  
BooneState  
IAZip Code  
50036

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 48

Full Name (Last, First, Middle Initial)

**C. Behn, Jerry, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	7		

Mailing Address 1313 Quill Ave

FEC Identification Number

**C****Transaction ID : SB29.33098**

Amount of Each Disbursement this Period

250.00

☐ Memo ItemCity  
BooneState  
IAZip Code  
50036

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 24

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

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<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**

Full Name (Last, First, Middle Initial)

**A. Cownie, Peter, , ,**

Mailing Address 686 58th Place

City  
West Des MoinesState  
IAZip Code  
50266

Purpose of Disbursement

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 60

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB29.33115

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR DIX**Mailing Address PO BOX 220  
PO BOX 220City  
SHELL ROCKState  
IAZip Code  
50670

Purpose of Disbursement

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

C00409433

Transaction ID : SB29.33107

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Whitver**

Mailing Address 2819 SW Chestnut Drive

City  
AnkenyState  
IAZip Code  
50023

Purpose of Disbursement

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB29.33109

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

<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**

Full Name (Last, First, Middle Initial)

**A. Grassley, Patrick, , ,**

Mailing Address 30496 Union Ave

City  
New HartfordState  
IAZip Code  
50660

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33101**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hagenow Iowa House**

Mailing Address 1915 69th Street

City  
Windsor heightsState  
IAZip Code  
50322

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33095**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hogg, Robert, , ,**

Mailing Address 2750 Otis Road SE

City  
Cedar RapidsState  
IAZip Code  
52403

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33108**

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)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<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**

Full Name (Last, First, Middle Initial)

**A. Nunn, Zach, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

Mailing Address PO Box 105

City  
AltoonaState  
IAZip Code  
50009

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 30

FEC Identification Number

C

**Transaction ID : SB29.33102**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Reynolds, Kim, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	7		

Mailing Address 1010A park Lane

City  
OsceolaState  
IAZip Code  
50213

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 48

FEC Identification Number

C

**Transaction ID : SB29.33099**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rizer for House**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

Mailing Address 2503 White Eagle Trail SE

City  
Cedar RapidsState  
IAZip Code  
52403

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB29.33103**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<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**

Full Name (Last, First, Middle Initial)

**A. Schneider for State Senate**

Mailing Address 7887 Cody Drive

City  
West Des MoinesState  
IAZip Code  
50266

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33097**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Smith, Mark, , ,**

Mailing Address 816 Roberts Terrace

City  
MarshalltownState  
IAZip Code  
50158

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 43

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33104**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Greene State Senate**

Mailing Address 5763 Hartman Rd

City  
BurlingtonState  
IAZip Code  
52601

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 44

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33113**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<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**

Full Name (Last, First, Middle Initial)

**A. Upmeyer for House**

Mailing Address 1207 S. Lakeview Dr.

City  
Clear LakeState  
IAZip Code  
50428

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 54

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33096**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Vander Linden for Iowa**

Mailing Address 1610 Carbonado Rd

City  
OskaloosaState  
IAZip Code  
52577

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB29.33105**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

7500.00