REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 12 A 11: 35

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
American Association of Crop Insurers Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
One Massachusetts Ave. NW #800

CITY, STATE and ZIP CODE
Washington, DC 20001

2. FEC IDENTIFICATION NUMBER
C 00172833

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

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 July 1, 2000 through September 30, 2000		
6. (a) Cash on Hand January 1, 20 00		$ 33,398.81
(b) Cash on Hand at Beginning of Reporting Period	$ 33,179.00	
(c) Total Receipts (from Line 19)	$ 4,339.68	$ 35,972.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 37,518.68	$ 69,371.39
7. Total Disbursements (from Line 30)	$ 24,862.04	$ 56,714.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12,656.64	$ 12,656.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Michael R. McLeod

Signature of Treasurer: Michael R. McLeod

Date: October 10, 2000

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

FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE American Association of Crop Insurers Political Action Committee

REPORT COVERING PERIOD FROM July 1, 2000 TO: September 30, 2000

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)	1,000.00	7,750.00	11(a)(i)(i)
ii. Unitemized	3,180.00	19,565.00	11(a)(ii)(i)
iii. Total (add i and ii) >	4,180.00	27,315.00	11(a)(iii)(i)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	11(c)
d. Total Contributions (add a iii,b and c)>	4,180.00	32,315.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	3,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.) (interest)	159.68	657.58	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18)>	4,339.68	35,972.58	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,339.68	35,972.58	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)>	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,862.04	56,362.04	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements (taxes and bank charges)	0.00	352.71	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	24,862.04	56,714.75	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	24,862.04	56,714.75	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,180.00	32,315.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,180.00	32,315.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 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)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Burke & Herbert Bank & Trust Co. Alexandria, VA (interest)		9/30/00 9/30/00	$91.50 $68.18
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
B.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
C.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
D.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
E.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
F.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
G.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional) $159.68

TOTAL This Period (last page this line number only) $159.68

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a.1.

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jackie Walker Town and Country Insurance Agency PO Box 180 - Vega, TX 79092	Town & Country Insurance Agency	8/24/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Agent Aggregate Year-to-Date		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)	$1,000.00
TOTAL This Period (last page this line number only)	$1,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Dick Lugar c/o Martin W. Morris 6 Chalfont Court - Bethesda, MD 20816-1805	Senate / IN Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/12/00	$4,000.00
B. Larry Craig for US Senate PO Box 2754 Boise, ID 83702	Senate / ID Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/20/00	$1,000.00
C. (Marion) Berry for Congress 227 Mass. Ave., NE - Suite 101 Washington, DC 20002	House / AR-1st District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/24/00	$500.00
D. (Charlie) Stenholm for Congress Committee 227 Mass Ave., NE #101 Washington, DC 20002	House / TX-17th District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/25/00	$1,500.00
E. Friends of Ray LaHood 4451 Brookfield Corporate Drive - Suite 200 Chantilly, VA 20151	House / IL-18th District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/26/00	$1,000.00
F. Friends of Kent Conrad 420 C Street, NE - Lower Level Washington, DC 20002	Senate / ND Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/28/00	$3,000.00
G. Friends of Kent Conrad (Minuteman Press - in-kind contribution)	Senate / ND for fundraiser invitations Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/28/00	$301.92
H. Friends of Kent Conrad (Stephen Frerichs - for in-kind contribution)	Senate / ND Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	8/4/00	$560.12
I. (Larry) Combest Congressional Committee 383 S. Pickett St. Alexandria, VA 22304	House / TX-19th District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	8/14/00	$3,000.00

SUBTOTAL of Disbursements This Page (optional)	$14,862.04
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Moran for Congress PO Box 1151 Hays, KS 67601	House / KS-1st District Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/6/00	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Cochran (Thad) PO Box 7183 Tupelo, MS 38802	Senate / MS Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/12/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(Gary) Condit for Congress 719 Upland Place Alexandria, VA 22314	House / CA-18th District Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/12/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(Tom) Latham for Congress 4010 Franconia Road Alexandria, VA 22310	House / IA-5th District Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/12/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texans for Henry Bonilla 4451 Brookfield Corp. Drive - Suite 200 Chantilly, VA 20151	House / TX-23rd District Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/13/00	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(David) Minge for Congress PO Box 71 Granite Falls, MN 56241-0071	House / MN-2nd District Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/14/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Skeen for Congress c/o 429 N. Saint Asaph St. Alexandria, VA 22314	House / NM-2nd District Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/00	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(Earl) Pomeroy for Congress PO Box 75214 Washington, DC 20013	House / ND-At Large Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(Larry) Combest for Congress 383 S. Pickett St. Alexandria, VA 22304	House / TX-19th District Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00

SUBTOTAL of Disbursements This Page (optional) ---------- $6,500.00

TOTAL This Period (last page this line number only) ----------

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. (Marion) Berry for Congress 227 Mass. Ave. NE - Suite 101 Washington, DC 20002	House / AR-1st District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/25/00	$500.00
B. Mike McIntyre for Congress PO Box 1 Lumberton, NC 28359	House / NC-7th District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/25/00	$500.00
C. (Sanford) Bishop for Congress 436 New Jersey Ave. SE Washington, DC 20003	House / GA-2nd District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/26/00	$500.00
D. National Republican Senatorial Committee 425 Second St. NE Washington, DC 20002	Purpose of Disbursement Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/27/00	$1,500.00
E. Ken Calvert for Congress PO Box 20123 Riverside, CA 92516	House / CA-43rd District Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/29/00	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$3,500.00
TOTAL This Period (last page this line number only)	$24,862.04

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Citizens for Tom Harkin PO Box 811 Des Moines, IA 50304	--MEMO--redesignation of disbursement from prior period Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	3/2/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code Citizens for Tom Harkin PO Box 811 Des Moines, IA 50304	--MEMO--redesignation of disbursement from prior period Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	2/24/99	$1,000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Tom Harkin PO Box 811 Des Moines, IA 50304	--MEMO--redesignation of disbursement from prior period Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	4/17/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	$3,000.00

FETAN247POF

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☒	Hand Delivered	Date of Receipt 10/12/07
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
SB	PREPARER	10/12/07 DATE PREPARED

(6/2010)