REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 19 11 12 AM '98

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 January 1, 1998 through March 31, 1998		
6. (a) Cash on Hand January 1, 1998		$ 31,265.55
(b) Cash on Hand at Beginning of Reporting Period	$ 31,265.55	
(c) Total Receipts (from Line 19)	$ 15,007.18	$ 15,007.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 46,272.73	$ 46,272.73
7. Total Disbursements (from Line 30)	$ 20,120.47	$ 20,140.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 26,152.26	$ 26,152.26
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: April 14, 1998

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 6/93)

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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: January 1, 1998 TO: March 31, 1998

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)	1,830.00	1,830.00	11(a)(i)
ii. Unitemized	12,924.00	12,924.00	11(a)(ii)
iii. Total (add i and ii) >	14,754.00	14,754.00	11(a)(iii)
b. Political Party	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii,b and c)>	14,754.00	14,754.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.) (Interest)	253.18	253.18	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18)>	15,007.18	15,007.18	19
20. Total Federal Receipts (subtract line 18 from line 19) >	15,007.18	15,007.18	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditure	-0-	-0-	21(b)
c. Total Operating Expenditure (add a i, a ii, and b)>	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committee	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committee	20,102.07	20,102.07	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committee	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refund (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursement (Bank charge - deposit slips)	18.40	18.40	29
30. Total Disbursement (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,120.47	20,120.47	30
31. Total Federal Disbursement (subtract line 21 a ii from line 30) >	20,120.47	20,120.47	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,754.00	14,754.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,754.00	14,754.00	34
35. Total Federal Operating Expenditure (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditure (subtract line 36 from 35) >	-0-	-0-	37

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SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 a.i.

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. Carl L. Burchill, 1700 B. Bullard, Suite 101, Fresno, CA 93710	IGF Insurance / Agent	1/15/98	$245.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date	$245.00	
B. Ben Latham, Box 229, Amarillo, TX 79105	Producers Lloyds Ins Co. / Vice President	1/27/98	$495.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date	$495.00	
C. Frank Burch, 118 East Lafayette St, Palmyra, MO 63461	Frank Burch Ins Agency, Inc. / Owner	2/6/98	$500.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date	$500.00	
D. Richard L. Rogers, 8125 NE Sherman Rd, Meriden, KS 66512	Blakely Crop Hail, Inc. / First Vice President	2/18/98	$295.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date	$295.00	
E. Mark Crawford, Box 3280, Midland, TX 79702	IGF Insurance / Agent	2/27/98	$295.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date	$295.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)	$1,830.00
TOTAL This Period (last page this line number only)	$1,830.00

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Burke & Herbert Bank & Trust Co. Alexandria, VA (interest)		1/31 2/28 3/31 3/20	$53.64 $57.22 $65.72 $76.60
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)	$253.18
TOTAL This Period (last page this line number only)	$253.18

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Skeen for Congress 1510 Woodbine Street Alexandria, VA 22302	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/4/98	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leadership PAC - Pioneer PAC 499 South Capitol St. SW, Suite 408 Washington, DC 20003	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/5/98	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stenholm for Congress P.O. Box 5879 Abilene, TX 79608	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/24/98	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dick Lugar P.O. Box 55952 Indianapolis, IN 46205	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/26/98	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stabenow for Congress P.O. Box 4945 East Lansing, MI 48826	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/26/98	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757-9901	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/27/98	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Greg Walden for Congress P.O. Box 1091 Hood River, OR 97031	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/98	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Latham for Congress Committee 4010 Franconia Road Alexandria, VA 22310	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/4/98	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Kerrey for U.S. Senate Comm 3412 P Street, NW Washington, DC 20007	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/5/98	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $8,000.00

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boswell for Congress 422 C Street, NE, Lower Level Washington, DC 20002	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/10/98	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Tim Holden 5501 Cherokee Avenue, Suite 112 Alexandria, VA 22312	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/12/98	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A Lot of People Supporting Tom Daschle 424 C Street, NE, First Floor Washington, DC 20002	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/17/98	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson P.O. Box 16021 Alexandria, VA 22302	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/18/98	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Moran for Congress 811 Chetworth Place Alexandria, VA 22314	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/19/98	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Walsh for Congress Comm 4451 Brookfield Corp. Drive, Suite 200 Chantilly, VA 20151-1652	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/17/98	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thune for Congress 4451 Brookfield Corp. Drive, Suite 200 Chantilly, VA 20151	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/23/98	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lucas for Congress Committee P.O. Box 26825 Oklahoma City, OK 73126	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/23/98	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peterson for Congress P.O. Box 265 Detroit Lakes, MN 56502	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/23/98	$500.00

SUBTOTAL of Disbursements This Page (optional) ---------- $6,000.00

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

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	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310	campaign contribution	3/23/98	$500.00
B. Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 20013	campaign contribution	3/23/98	$500.00
C. Ewing for Congress P.O. Box 766 Pontiac, IL 61764	campaign contribution	3/26/98	$750.00
D. Marion Berry for Congress 5501 Cherokee Avenue, Suite 112 Alexandria, VA 22312	campaign contribution	3/31/98	$500.00
E. Stenholm for Congress P.O. Box 5879 Abilene, TX 79608	campaign contribution	3/31/98	$1,000.00
F. Ewing for Congress P.O. Box 766 Pontiac, IL 61764 (in-kind contribution)	catering/food/Marriott Hotel	3/31/98	$2,852.07
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional)	$6,102.07
TOTAL This Period (last page this line number only)	$20,102.07

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 29

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Burke & Herbert Bank & Trust Co. Alexandria, VA (charge for deposit slips)	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/1/98	$18.40
B. 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
C. 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
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)	$18.40
TOTAL This Period (last page this line number only)	$18.40

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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
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED 4/15/98
☐	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	

MD
PREPARER

4/19/98
DATE PREPARED

(4/98)