

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

ADDRESS (number and street) ONE MASSACHUSETTS AVE NW SUITE 800
 Check if different than previously reported. (ACC)
WASHINGTON DC 20001

2. **FEC IDENTIFICATION NUMBER** C00172833
3. IS THIS REPORT NEW (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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 09 30 2007

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 Electronically Filed by Michael R. McLeod Date 10 10 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		34733.76
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	35333.58									
(c) Total Receipts (from Line 19)	14697.50	79397.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50031.08	114131.08								
7. Total Disbursements (from Line 31)	15500.00	79600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34531.08	34531.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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**

Write or Type Committee Name

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	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	12715.00	53465.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1915.00	20740.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14630.00	74205.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14630.00	79205.00
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.)	67.50	192.32
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 Transfer (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))	14697.50	79397.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14697.50	79397.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	15500.00	79500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	15500.00	79600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15500.00	79600.00

DETAILED SUMMARY PAGE
of Disbursements

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	14630.00	79205.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14630.00	79205.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. Tom TJ Anderson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address Box 565		Transaction ID: SA11A1.5477
City Laurel	State NE	Zip Code 68745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 295.00
Name of Employer Heartland Crop Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) B. Arlyn D Askim		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address 205 Park Street East		Transaction ID: SA11A1.5484
City Park River	State ND	Zip Code 58270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 495.00
Name of Employer Heartland Crop Insurance	Occupation Fieldman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) C. Kimberly K Bergeson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007
Mailing Address 3669 22nd Street South		Transaction ID: SA11A1.5486
City Fargo	State ND	Zip Code 58104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer Heartland Crop Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	▶	1035.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

A. Full Name (Last, First, Middle Initial) Glenda Kay Blindert Mailing Address PO Box 370 City State Zip Code Salem SD 57058 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2007 Transaction ID: SA11A1.5470 Amount of Each Receipt this Period 495.00
Name of Employer Blindert Insurance Inc. Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

B. Full Name (Last, First, Middle Initial) Robert F Briggs Mailing Address 604 XX Road City State Zip Code Copeland KS 67837 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007 Transaction ID: SA11A1.5483 Amount of Each Receipt this Period 245.00
Name of Employer Heartland Crop Insurance Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

C. Full Name (Last, First, Middle Initial) Paul Brown Mailing Address Route 1, Box 210 City State Zip Code Griggsville IL 62340 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007 Transaction ID: SA11A1.5482 Amount of Each Receipt this Period 295.00
Name of Employer Great American Ins Co. Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)	1035.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. Carl L Burchill		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 1824 Ellery Avenue		Transaction ID: SA11A1.5481	
City State Zip Code Clovis CA 93611	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. Joe Ben Chote		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 4625 71st Street, Apt 170		Transaction ID: SA11A1.5480	
City State Zip Code Lubbock TX 79424	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) C. Douglas A Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2007	
Mailing Address 298 S. 4th Street		Transaction ID: SA11A1.5503	
City State Zip Code Sheldon IL 60966	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Owner	Occupation Clark Insurance Agency Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	990.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

A. Full Name (Last, First, Middle Initial)
 Danny Daniel

Mailing Address 644 LR23

City State Zip Code
 Ashdown AR 71822

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2007

Transaction ID: SA11A1.5479

Amount of Each Receipt this Period
 345.00

B. Full Name (Last, First, Middle Initial)
 James D Eastburn

Mailing Address 2935 Meadowview

City State Zip Code
 Topeka KS 66605

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2007

Transaction ID: SA11A1.5478

Amount of Each Receipt this Period
 295.00

C. Full Name (Last, First, Middle Initial)
 Renae L Gallatly

Mailing Address 4204 Parkview Drive

City State Zip Code
 Omaha NE 68134

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 245.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2007

Transaction ID: SA11A1.5493

Amount of Each Receipt this Period
 245.00

SUBTOTAL of Receipts This Page (optional)	▶	885.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. William L Graven		Date of Receipt MM / DD / YYYY 09 / 15 / 2007
Mailing Address Box 686		Transaction ID: SA11A1.5495
City Dawson	State MN	Zip Code 56232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer Heartland Crop Insurance	Occupation Claims Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. Darrell Guthmiller		Date of Receipt MM / DD / YYYY 09 / 15 / 2007
Mailing Address PO Box 386		Transaction ID: SA11A1.5485
City Menno	State SD	Zip Code 57045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 495.00
Name of Employer Heartland Crop Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) C. Phyllis Jensik		Date of Receipt MM / DD / YYYY 07 / 23 / 2007
Mailing Address Box 545		Transaction ID: SA11A1.5472
City Belleville	State KS	Zip Code 66935
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 395.00
Name of Employer Agro National LLC	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional)	▶	1135.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

A. Full Name (Last, First, Middle Initial)
 Bette L Keiser

Mailing Address 88654 Highway 81

City State Zip Code
 Fordyce NE 68736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Agro National LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 995.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2007

Transaction ID: SA11A1.5475

Amount of Each Receipt this Period
 995.00

B. Full Name (Last, First, Middle Initial)
 Greg Lacour

Mailing Address PO Box 276

City State Zip Code
 Belcher LA 71004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Heartland Crop Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2007

Transaction ID: SA11A1.5501

Amount of Each Receipt this Period
 295.00

C. Full Name (Last, First, Middle Initial)
 Jeffrey A Lane

Mailing Address 11433 S-23 Highway

City State Zip Code
 Indianola IA 50125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Heartland Crop Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2007

Transaction ID: SA11A1.5502

Amount of Each Receipt this Period
 295.00

SUBTOTAL of Receipts This Page (optional)	▶	1585.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

A. Full Name (Last, First, Middle Initial) Billy W Mansfield		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address Box 116		Transaction ID: SA11A1.5500	
City State Zip Code Martin SD 57551	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

B. Full Name (Last, First, Middle Initial) Darrell T Matejcek		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 1328-06 SW Overlook Drive		Transaction ID: SA11A1.5499	
City State Zip Code Topeka KS 66615	Amount of Each Receipt this Period 305.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

C. Full Name (Last, First, Middle Initial) John S McNeil		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 1001 E. 1st Ave.		Transaction ID: SA11A1.5498	
City State Zip Code Mitchell SD 57301	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional) ▶	795.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 22
	(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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. William A Mecozzi		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7
Mailing Address 33291 Gypsum Avenue		Transaction ID: SA11A1.5497
City State Zip Code Tomah WI 54660	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 395.00
Name of Employer Heartland Crop Insurance	Occupation Adjuster	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) B. Scott Merchant		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7
Mailing Address 1404 W. 12th Street		Transaction ID: SA11A1.5496
City State Zip Code Spencer IA 51301	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 395.00
Name of Employer Heartland Crop Insurance	Occupation Field Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) C. Michael A. Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 7
Mailing Address 3950 SW Wanamaker Road		Transaction ID: SA11A1.5505
City State Zip Code Topeka KS 66610	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Heartland Crop Insurance, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1790.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. Trent W Nauholtz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address 2749 Inverness Court		Transaction ID: SA11A1.5487	
City State Zip Code Lawrence KS 66047	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. Bert D Owens		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007	
Mailing Address PO Box 728		Transaction ID: SA11A1.5473	
City State Zip Code Red Bluff CA 96080	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAU Country Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) C. David Reisig		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007	
Mailing Address RR 1, Box 1117		Transaction ID: SA11A1.5474	
City State Zip Code Hardin MT 59034	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Reisig Agency, Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional) ▶	735.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. Richard Rodkey		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address PO Box 96		Transaction ID: SA11A1.5494	
City Rossville	State IN	Zip Code 46065	Amount of Each Receipt this Period 245.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. Paul W Shuler		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 7036 SW 69th Street		Transaction ID: SA11A1.5492	
City Topeka	State KS	Zip Code 66402	Amount of Each Receipt this Period 495.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) C. Larry D Stieben		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address PO Box 272		Transaction ID: SA11A1.5491	
City Bazine	State KS	Zip Code 67516	Amount of Each Receipt this Period 295.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

SUBTOTAL of Receipts This Page (optional) ▶	1035.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 22
	<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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. Trenea Tubbs		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 9325 Highway 226		Transaction ID: SA11A1.5490	
City State Zip Code Jonesboro AR 72401	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. Joseph Van Hooser		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 50659 15th Street		Transaction ID: SA11A1.5489	
City State Zip Code Austin MN 55912	Amount of Each Receipt this Period 395.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heartland Crop Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

Full Name (Last, First, Middle Initial) C. Tim Weber		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007	
Mailing Address 49 E. Fourth Street, Suite 400-N		Transaction ID: SA11A1.5471	
City State Zip Code Cincinnati OH 45202	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Great American	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1175.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 22
	(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)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

A. Full Name (Last, First, Middle Initial)
Ross Wehling

Mailing Address 7230 Alhambra Road

City Alhambra State IL Zip Code 62001

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11A1.5476

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Betty J West

Mailing Address 422 W. Second Street

City Larned State KS Zip Code 67550

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.5488

Amount of Each Receipt this Period
270.00

SUBTOTAL of Receipts This Page (optional)	▶	520.00
TOTAL This Period (last page this line number only)	▶	12715.00

**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)

<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"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. BOB ETHERIDGE FOR CONGRESS COMMITTEE		Transaction ID: SB23.5515 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 303 WEST JONES STREET SUITE 220 PO BOX 28001		Amount of Each Disbursement this Period 500.00
City RALEIGH State NC Zip Code 27611	Purpose of Disbursement Category/Type	
Candidate Name BOB ETHERIDGE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02		

Full Name (Last, First, Middle Initial) B. BOB ETHERIDGE FOR CONGRESS COMMITTEE		Transaction ID: SB23.5516 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 303 WEST JONES STREET SUITE 220 PO BOX 28001		Amount of Each Disbursement this Period 500.00
City RALEIGH State NC Zip Code 27611	Purpose of Disbursement Category/Type	
Candidate Name BOB ETHERIDGE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02		

Full Name (Last, First, Middle Initial) C. BOSWELL FOR CONGRESS		Transaction ID: SB23.5532 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2007
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement Category/Type	
Candidate Name LEONARD L. BOSWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 22

<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"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. COLEMAN FOR SENATE 08		Transaction ID: SB23.5529 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 7300 HUDSON BLVD SUITE 270A		Amount of Each Disbursement this Period 1000.00
City ST PAUL State MN Zip Code 55128	Category/ Type	
Purpose of Disbursement		
Candidate Name NORM COLEMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.5528 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address PO Box 746		Amount of Each Disbursement this Period 2500.00
City Bismarck State ND Zip Code 58502	Category/ Type	
Purpose of Disbursement		
Candidate Name EARL RALPH POMEROY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.5522 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address PO BOX 3197		Amount of Each Disbursement this Period 1000.00
City LITTLE ROCK State AR Zip Code 72203	Category/ Type	
Purpose of Disbursement		
Candidate Name BLANCHE LAMBERT LINCOLN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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 Page

FOR LINE NUMBER:
(check only one)

<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"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address PO BOX 37
PO BOX 37

City SAINT CLAIR State PA Zip Code 17970

Purpose of Disbursement

Candidate Name
TIM HOLDEN

Office Sought: House
 Senate
 President

State: PA District: 17

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5527

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Category/
Type

B. FRIENDS OF JACK KINGSTON

Mailing Address PO Box 2133
PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

Candidate Name
JOHN HEDDENS KINGSTON

Office Sought: House
 Senate
 President

State: GA District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5530

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Category/
Type

C. FRIENDS OF JOHN THUNE

Mailing Address 224 NORTH PHILLIPS AVENUE STE 210

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement

Candidate Name
JOHN THUNE

Office Sought: House
 Senate
 President

State: SD District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5526

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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 Page

FOR LINE NUMBER:
(check only one)

<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"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. FRIENDS OF KENT CONRAD		Transaction ID: SB23.5536 Date of Disbursement 09 / 26 / 2007
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	
Zip Code 58502		
Purpose of Disbursement		
Candidate Name KENT CONRAD		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 00	

Full Name (Last, First, Middle Initial) B. JESSE JACKSON JR. FOR CONGRESS		Transaction ID: SB23.5521 Date of Disbursement 09 / 12 / 2007
Mailing Address P.O. Box 490286		Amount of Each Disbursement this Period 1000.00
City Chicago	State IL	
Zip Code 60649		
Purpose of Disbursement		
Candidate Name JESSE L JR JACKSON		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 02	

Full Name (Last, First, Middle Initial) C. KLOBUCHAR FOR MINNESOTA		Transaction ID: SB23.5514 Date of Disbursement 07 / 24 / 2007
Mailing Address PO BOX 4146 PO BOX 4146		Amount of Each Disbursement this Period 1000.00
City ST PAUL	State MN	
Zip Code 55104		
Purpose of Disbursement		
Candidate Name AMY J KLOBUCHAR		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 00	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 Page

FOR LINE NUMBER:
(check only one)

<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"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Full Name (Last, First, Middle Initial) A. MORAN FOR KANSAS		Transaction ID: SB23.5535 Date of Disbursement 09 / 20 / 2007
Mailing Address P.O. Box 1151		Amount of Each Disbursement this Period 1000.00
City Hays	State KS Zip Code 67601	
Purpose of Disbursement		
Candidate Name JERRY MORAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 01		

Full Name (Last, First, Middle Initial) B. RODNEY ALEXANDER FOR CONGRESS INC.		Transaction ID: SB23.5510 Date of Disbursement 07 / 17 / 2007
Mailing Address PO Box 367 319 NANCY ROAD		Amount of Each Disbursement this Period 1000.00
City Quitman	State LA Zip Code 71268	
Purpose of Disbursement		
Candidate Name RODNEY MR. ALEXANDER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 05		

Full Name (Last, First, Middle Initial) C. TEAM EMERSON FOR JO ANN EMERSON		Transaction ID: SB23.5531 Date of Disbursement 09 / 27 / 2007
Mailing Address P.O. Box 822 P.O. Box 822		Amount of Each Disbursement this Period 1000.00
City Cape Girardeau	State MO Zip Code 63702	
Purpose of Disbursement		
Candidate Name JO ANN H EMERSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 08		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	15500.00