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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Crop Insurance Research Bureau (CIRB) PAC

ADDRESS (number and street) ☐ Check if different than previously reported
3601 Vincennes Road, P.O. Box 68700

CITY, STATE and ZIP CODE
Indianapolis, IN 46268

2. FEC IDENTIFICATION NUMBER
C 00150805

3. [X] This committee has qualified as a multica[illegible] committee. (see FEC FORM 1M)
Prior to 1-1-94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
[X] 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
☐ March 20 ☐ July 20 ☐ Novemb[illegible]
☐ April 20 ☐ August 20 ☐ Decemb[illegible]
☐ May 20 ☐ September 20 ☐ January

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

☐ 30-Day Post-Election Report following the General
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-
5. Covering Period 4/1/00 through 6/30/00		
6. (a) Cash on Hand January 1, XX 2000		$ 872
(b) Cash on Hand at Beginning of Reporting Period	$ 2,609	
(c) Total Receipts (from Line 19)	$ 1,738	$ 3,975
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4,347	$ 4,847
7. Total Disbursements (from Line 30)	$ 713	$ 1,213
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,634	$ 3,634
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
Federal Election Comm[illegible]
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Paul Horel

Signature of Treasurer
Paul Horel

Date
07/15/00

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

FEC FO[illegible]
(REV

FE9AN103

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

(revised 1/

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 4/1/00 TO: 6/30/00

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)	0	0
ii. Unitemized	1,480	1,515
iii. Total (add i and ii) ➤	1,480	1,515
b. Political Party Committees		
c. Other Political Committees (such as PACs)	250	2,450
d. Total Contributions (add a iii, b and c) ➤	1,730	3,965
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	8	10
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,738	3,975
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,738	3,975
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	713	713
c. Total Operating Expenditures (add a i, a ii, and b) ➤	713	713
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	500
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	713	1,213
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	713	1,213
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,730	3,965
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,730	3,965
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	713	713
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	713	713

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1

FOR LINE NU 21.6

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 com purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Crop Insurance Research Bureau PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
Crop Insurance Research Bureau 9200 Indian Creek Parkway, Suite 220 Overland Park, KS 66210-2008	Reimbursment for PAC Golf Outing Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/21/00	700.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Disbursement T**
Crop Research Insurance Bureau 9200 Indian Creek Parkway, Suite 220 Overland Park, KS 66210-2008	Reimb for Donation Gift Shipping Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/21/00	12.
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Disbursement**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount o Disbursement**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount o Disbursement**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount Disbursement**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount Disbursemen**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount Disbursemen**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount Disbursemen**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $712

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1

FOR LINE NU 11.

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 com purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Crop Insurance Research Bureau PAC

A. Full Name, Mailing Address and ZIP Code Farmers Mutual Hail PAC 2323 Grand Ave Des Moines, IA 50312	Name of Employer	Date (month, day, year) 06/06/00	Amount of Receipt this
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 250.00		250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount Receipt th
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount Receipt th
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount Receipt th
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount Receipt
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amoun Receipt
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amour Receipt
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) ..... $250.

FE8AN100

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 (R/C) 7-13-00
☐	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 Receip[redacted]
☐	Electronic Filing	

DPS
PREPARER

7-17-00
DATE PREPARED

(6/2000)