

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

ADDRESS (number and street) 316 Pennsylvania Ave SE Suite 401 WASHINGTON DC 20003

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00503680

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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 Jack Tank

Signature of Treasurer Jack Tank [Electronically Filed] Date 07 / 18 / 2014

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="35918.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76944.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9700.00"/>	<input type="text" value="75405.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="86644.87"/>	<input type="text" value="111323.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13039.90"/>	<input type="text" value="37718.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73604.97"/>	<input type="text" value="73604.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9700.00	70340.00
(ii) Unitemized .....	0.00	5065.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9700.00	75405.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9700.00	75405.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9700.00	75405.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9700.00	75405.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	39.90	718.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39.90	718.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	37000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13039.90	37718.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13039.90	37718.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9700.00	75405.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9700.00	75405.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39.90	718.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39.90	718.30

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<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

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)  
**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

**A. Jeffrey R. Donoho**  
Full Name (Last, First, Middle Initial)

Mailing Address 2901 Caroline

City State Zip Code  
Mt Vernon IL 62864

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

Name of Employer Occupation  
Donoho Insurance Agency, Inc Crop Insurance Agent/ Agency Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : SA11AI.4742**

Amount of Each Receipt this Period  
5000.00

**B. Judd Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address 632 D Street NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Combest Sell & Associates Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : SA11AI.4737**

Amount of Each Receipt this Period  
500.00

**C. Michael Gaynier**  
Full Name (Last, First, Middle Initial)

Mailing Address 433 Saint Marys Ave

City State Zip Code  
Monroe MI 48162

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

Name of Employer Occupation  
Spartan Insurance Agency Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : SA11AI.4741**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 12
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)  
**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

**A. Ruth Gerdes**  
Full Name (Last, First, Middle Initial)

Mailing Address 63649 136 Highway

City Auburn State NE Zip Code 68305

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

Name of Employer Auburn Agency Occupation Crop Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : SA11AI.4740**

Amount of Each Receipt this Period  
 800.00

**B. Samuel Sonnenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 18457 Vansway Drive

City Sterling State CO Zip Code 80751

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

Name of Employer Sonnenberg Agency Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11AI.4739**

Amount of Each Receipt this Period  
 900.00

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9700.00

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

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)

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
CC Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : SB21B.4753**

Amount of Each Disbursement this Period

39.90

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

39.90

39.90

**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

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)

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Political Contribution

Candidate Name  
**THAD COCHRAN**

Office Sought:  House  Senate  President  
State: MS District: 00  
Disbursement For: 2014  
 Primary  General  
 Other (specify)  Runoff

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : SB23.4736**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement  
See Memos Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2014

**Transaction ID : SB23.4743**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 108

City GLADSTONE State MI Zip Code 49837

Purpose of Disbursement  
Political Contribution

Candidate Name  
**DANIEL J. BENISHEK M.D.**

Office Sought:  House  Senate  President  
State: MI District: 01  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2014

**Transaction ID : SB23.4743.0**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

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

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

8500.00

**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

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)

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement  
Political Contribution

Candidate Name

**CHRISTOPHER C COLLINS**

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	4

**Transaction ID : SB23.4743.1**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement  
Political Contribution

Candidate Name

**RODNEY L DAVIS**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	4

**Transaction ID : SB23.4743.2**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. DENHAM FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
Political Contribution

Candidate Name

**JEFF DENHAM**

Office Sought:  House  
 Senate  
 President  
State: CA District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	4

**Transaction ID : SB23.4743.3**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**[MEMO ITEM]**

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

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

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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

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)

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Full Name (Last, First, Middle Initial)

**A. DOUG LAMALFA COMMITTEE**

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code  
SACRAMENTO CA 95833

Purpose of Disbursement  
Political Contribution

Candidate Name

**DOUG LAMALFA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2014

**Transaction ID : SB23.4743.4**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. TED YOHO FOR CONGRESS**

Mailing Address 5745 SW 75TH STREET, #283

City State Zip Code  
GAINESVILLE FL 32608

Purpose of Disbursement  
Political Contribution

Candidate Name

**MR. THEODORE SCOTT YOHO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2014

**Transaction ID : SB23.4743.5**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. HAL ROGERS FOR CONGRESS**

Mailing Address P.O. BOX 1214

City State Zip Code  
SOMERSET KY 42502

Purpose of Disbursement  
Political Contribution

Candidate Name

**HAROLD D ROGERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : SB23.4733**

Amount of Each Disbursement this Period

2500.00
---------

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

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

2500.00
---------

--

**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

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)

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT ADERHOLT FOR CONGRESS**

Mailing Address P. O. BOX 1158

City State Zip Code  
HALEYVILLE AL 35565

Purpose of Disbursement  
Political Contribution

Candidate Name

**REP. ROBERT B. ADERHOLT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : SB23.4732**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TOM REED FOR CONGRESS**

Mailing Address PO BOX 391

City State Zip Code  
GENEVA NY 14456

Purpose of Disbursement  
Political Contribution

Candidate Name

**THOMAS W REED II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : SB23.4729**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2000.00
---------

13000.00
----------