

# 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 01 01 2010 through 03 31 2010

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 04 14 2010

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 12/2004)

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		54091.43
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	54091.43									
(c) Total Receipts (from Line 19) .....	27804.09	27804.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81895.52	81895.52								
7. Total Disbursements (from Line 31) .....	8547.98	8547.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73347.54	73347.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI 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) .....	22795.00	22795.00
(ii) Unitemized .....	4991.16	4991.16
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27786.16	27786.16
(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) .....	27786.16	27786.16
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.) .....	17.93	17.93
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)) .....	27804.09	27804.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27804.09	27804.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	8500.00	8500.00
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.....	47.98	47.98
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))..	8547.98	8547.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8547.98	8547.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	27786.16	27786.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27786.16	27786.16
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20  
(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

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 (AACI PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Scott Arnold

Mailing Address 1507 Alderwood Dr SW

City State Zip Code  
Altoona IA 50009

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

Name of Employer Rain & Hail, LLC Occupation Marketing Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

Transaction ID: SA11AI.6424

Amount of Each Receipt this Period  
295.00

**B.**

Full Name (Last, First, Middle Initial)  
Koanne Babel

Mailing Address PO Box 38

City State Zip Code  
Wood River NE 68886

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

Name of Employer AgroNational Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
995.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

Transaction ID: SA11AI.6432

Amount of Each Receipt this Period  
995.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Bachle

Mailing Address Box 186

City State Zip Code  
Daykin NE 68338

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

Name of Employer Agro National Occupation Claims Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2010

Transaction ID: SA11AI.6415

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1540.00**

**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: (check only one)	PAGE 7 / 20
	<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	

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 (AACI PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Dennix Bollmeyer

Mailing Address 30585 300th St

City Hinton State IA Zip Code 51024

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

Name of Employer: Bollmeyer, Inc. Occupation: Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 09 / 2010

Transaction ID: SA11AI.6408

Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ron Brichler

Mailing Address 1374 Camberly Drive

City Cincinnati State OH Zip Code 45215

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

Name of Employer: Great American Insurance Co. Occupation: President-Crop Div.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 02 / 19 / 2010

Transaction ID: SA11AI.6398

Amount of Each Receipt this Period: 2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas A Clark

Mailing Address 298 S. 4th Street

City Sheldon State IL Zip Code 60966

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

Name of Employer: Owner Occupation: Clark Insurance Agency Inc.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2010

Transaction ID: SA11AI.6399

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

**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 8 / 20

(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

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 (AACI PAC)**

**A.** Full Name (Last, First, Middle Initial)  
Mark Classen

Mailing Address 400 Navajo Road

City State Zip Code  
Medina MN 55340

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

Name of Employer Rain & Hail, LLC Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt MM / DD / YYYY  
03 / 28 / 2010

**Transaction ID:** SA11AI.6434

Amount of Each Receipt this Period 495.00

**B.** Full Name (Last, First, Middle Initial)  
Donald F Connealy

Mailing Address 206 Ridgewood Drive

City State Zip Code  
Council Bluffs IA 51503

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

Name of Employer Agro National Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 09 / 2010

**Transaction ID:** SA11AI.6410

Amount of Each Receipt this Period 250.00

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

Mailing Address 13630 Hunters Crossing

City State Zip Code  
Bath MI 48808

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

Name of Employer Spartan Insurance Agency Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 27 / 2010

**Transaction ID:** SA11AI.6433

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1745.00

**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 9 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 (AACI PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Todd Danley  
 Mailing Address PO Box 634  
 City State Zip Code  
 Seminole TX 79360  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 26 / 2010  
**Transaction ID:** SA11AI.6429  
 Amount of Each Receipt this Period  
 995.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Insurance agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 995.00

**B.** Full Name (Last, First, Middle Initial)  
 Earl Datweiler  
 Mailing Address Box 258  
 City State Zip Code  
 Herscher IL 60941  
 Date of Receipt  
 MM / DD / YYYY  
 02 / 19 / 2010  
**Transaction ID:** SA11AI.6401  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great American Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Gerrit DeGlee  
 Mailing Address 6517 Reynolds Rd  
 City State Zip Code  
 Horton MI 49246  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 09 / 2010  
**Transaction ID:** SA11AI.6417  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Agro National Occupation Insurance agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1495.00  
**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: (check only one)	PAGE 10 / 20
	<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)  
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelly Deterding		Date of Receipt
	Mailing Address 7603 Quincy Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2010
	City	State	Zip Code
	Lubbock	TX	79424
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6404
Name of Employer City Bank Texas-Windmark Ins		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hank Dicke		Date of Receipt
	Mailing Address 1227 Pamala		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2010
	City	State	Zip Code
	Holdrege	NE	68949
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6416
Name of Employer Agro National		Occupation Marketing Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Curtis Fix		Date of Receipt
	Mailing Address 743 Hale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 16 / 2010
	City	State	Zip Code
	Wray	CO	80758
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6426
Name of Employer Agro National		Occupation Insurance agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 495.00
		<input type="text"/> 495.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1745.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20  
(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

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 (AACI PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Julie A. Fix

Mailing Address 743 Hale St

City Wray State CO Zip Code 80758

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

Name of Employer Agro National Occupation Insurance agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2010  
**Transaction ID: SA11AI.6405**  
 Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Gaynier

Mailing Address 433 Saint Marys Ave

City Monroe State MI Zip Code 48162

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

Name of Employer Agro National Occupation Insurance agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2010  
**Transaction ID: SA11AI.6406**  
 Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kim R. Gibson

Mailing Address 21765 Greenview Road

City Council Bluffs State IA Zip Code 51503

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

Name of Employer Agro National Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2010  
**Transaction ID: SA11AI.6409**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 12 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 (AACI PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Robert Haney  
 Mailing Address 1820 S 9th Lane  
 City State Zip Code  
 West Des Moines IA 50265  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 16 / 2010  
**Transaction ID:** SA11AI.6425  
 Amount of Each Receipt this Period  
 995.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rain & Hail, LLC Occupation Executive VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 995.00

**B.** Full Name (Last, First, Middle Initial)  
 Monte R. Holl  
 Mailing Address 1715 S 167th Cir  
 City State Zip Code  
 Omaha NE 68130  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2010  
**Transaction ID:** SA11AI.6407  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Agro National Occupation Insurance agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Kenneth Janicek  
 Mailing Address 8515 - 12th Ave  
 City State Zip Code  
 Plattsmouth NE 68048  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2010  
**Transaction ID:** SA11AI.6411  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Agro National Occupation Director, Field Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1495.00**  
**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 13 / 20  
(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

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 (AACI PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Steve Keiser

Mailing Address 88653 Highway 81

City State Zip Code  
Fordyce NE 68736

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

Name of Employer self-employed Occupation insurance agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2010

Transaction ID: SA11AI.6419

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Angela D. Long

Mailing Address 400 Huntington Ave

City State Zip Code  
Council Bluffs IA 51503

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

Name of Employer Self Occupation Crop insurance agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2010

Transaction ID: SA11AI.6431

Amount of Each Receipt this Period  
495.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronnie Mayfield

Mailing Address 1992 E. 455th Rd.

City State Zip Code  
Halfway MO 65663

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

Name of Employer Great Plains Agency Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2010

Transaction ID: SA11AI.6420

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2495.00**

**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 14 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 (AACI PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Kent McGreer  
 Mailing Address 200 Ash St  
 City State Zip Code  
 Big Spring NE 69122  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 0 / 2 0 1 0  
**Transaction ID:** SA11AI.6402  
 Amount of Each Receipt this Period  
 245.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Agent Occupation Western Insurers  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

**B.** Full Name (Last, First, Middle Initial)  
 Glen Meyer  
 Mailing Address 72452 Hwy 105  
 City State Zip Code  
 Auburn NE 68959  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 1 0  
**Transaction ID:** SA11AI.6422  
 Amount of Each Receipt this Period  
 495.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rain & Hail Occupation Marketing Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

**C.** Full Name (Last, First, Middle Initial)  
 August G Nelson  
 Mailing Address 774 S. Blaine  
 City State Zip Code  
 Minden NE 68959  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 1 0  
**Transaction ID:** SA11AI.6421  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nelson Agency, Inc. Occupation Ins Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1740.00**  
**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 15 / 20  
(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

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 (AACI PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Brian A. Ogden

Mailing Address 24495 Brierwood Ave

City Athens State IL Zip Code 62613

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

Name of Employer Ogden Insurance Agency, Inc. Occupation Insurance agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2010

Transaction ID: SA11AI.6396

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jimmy Oliver

Mailing Address 17823 Englewood Cir

City Omaha State NE Zip Code 68135

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

Name of Employer Rain & Hail Ins Services Occupation Division Mktg Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.6427

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Rita Ortmeier

Mailing Address 705 Riverside Dr

City Waterloo State NE Zip Code 68069

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

Name of Employer V. O. Enterprisés Occupation Insurance agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 26 / 2010

Transaction ID: SA11AI.6430

Amount of Each Receipt this Period 245.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 995.00

**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 16 / 20  
(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			

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 (AACI PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Otten

Mailing Address 1195 South Willow Cir

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Rain & Hall Occupation Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

Transaction ID: SA11AI.6423

Amount of Each Receipt this Period  
295.00

**B.**

Full Name (Last, First, Middle Initial)  
David Reising

Mailing Address RR 1, Box 1117

City State Zip Code  
Hardin MT 59034

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

Name of Employer Reising Agency, Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2010

Transaction ID: SA11AI.6400

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Sam Scheef

Mailing Address 5109 29th Drive

City State Zip Code  
Lubbock TX 79407

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

Name of Employer Arntech Occupation Vice Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2010

Transaction ID: SA11AI.6397

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1795.00**

**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 17 / 20

(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

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 (AACI PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Timko

Mailing Address 506 4th Ave S

City State Zip Code  
Lakefield MN 56150

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

Name of Employer Occupation  
AgStar Financial Svcs Sr Insurance Specialist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2010

Transaction ID: SA11AI.6412

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela Vipond

Mailing Address 1395 210 St

City State Zip Code  
Mahnomen MN 56557

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

Name of Employer Occupation  
ProAg Services & Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2010

Transaction ID: SA11AI.6428

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Chris S. Webb

Mailing Address 4626 S 100 E

City State Zip Code  
Lafayette IN 47909

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

Name of Employer Occupation  
Agro National Insurance agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2010

Transaction ID: SA11AI.6414

Amount of Each Receipt this Period

250.00

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

1500.00

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

22795.00

**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)

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

**A. BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement

Candidate Name  
ROBERT W GOODLATTE

Office Sought:  House  
 Senate  
 President

State: VA District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6449

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

**B. CHILDERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

CHILDERS FOR CONGRESS

Mailing Address PO BOX 177

City BOONEVILLE State MS Zip Code 38829

Purpose of Disbursement

Candidate Name  
TRAVIS W CHILDERS

Office Sought:  House  
 Senate  
 President

State: MS District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6447

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1500.00

**C. FRIENDS OF JIM MARSHALL**

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM MARSHALL

Mailing Address 586 Orange Street

City Macon State GA Zip Code 31201

Purpose of Disbursement

Candidate Name  
JIM MARSHALL

Office Sought:  House  
 Senate  
 President

State: GA District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6443

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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 / 20

<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)

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

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS <hr/> Mailing Address PO BOX 586 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name MAX BAUCUS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6440 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JIM COSTA FOR CONGRESS <hr/> Mailing Address 2037 W Bullard Avenue # 355 <hr/> City Fresno State CA Zip Code 93711 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name JIM MR. COSTA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6442 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) LUCAS FOR CONGRESS <hr/> Mailing Address Post Office Box 1726 Post Office Box 1726 <hr/> City Oklahoma City State OK Zip Code 73101 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6445 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

PAGE 20 / 20

<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)

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

A.

Full Name (Last, First, Middle Initial)  
PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City State Zip Code  
GREAT BEND KS 67530

Purpose of Disbursement

Candidate Name  
PAT ROBERTS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Transaction ID: SB23.6446

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
TEAM EMERSON FOR JO ANN EMERSON

Mailing Address P.O. Box 822  
P.O. Box 822

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement

Candidate Name  
JO ANN H EMERSON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Transaction ID: SB23.6441

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

8500.00