REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 10 P 3:06

1. NAME OF COMMITTEE (in full)
American Association of Crop Insurers Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
One Massachusetts Ave. NW #800

CITY, STATE and ZIP CODE
Washington, DC 20001

2. FEC IDENTIFICATION NUMBER
C 00172833

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1 M)

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period January 1, 2000 through March 31, 2000		
6. (a) Cash on Hand January 1, 2000		$ 33,398.81
(b) Cash on Hand at Beginning of Reporting Period	$ 33,398.81	
(c) Total Receipts (from Line 19)	$ 20,164.85	$ 20,164.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 53,563.66	$ 53,563.66
7. Total Disbursements (from Line 30)	$ 10,567.71	$ 10,567.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 42,995.95	$ 42,995.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Michael R. McLeod

Signature of Treasurer: Michael R. McLeod

Date: April 14, 2000

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X (revised 1/1/91)

NAME OF COMMITTEE: American Association of Crop Insurers Political Action Committee

REPORT COVERING PERIOD FROM: January 1, 2000 TO: March 31, 2000

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)	4,800.00	4,800.00	11(a)(i)(I)
ii. Unitemized	7,135.00	7,135.00	11(a)(ii)(II)
iii. Total (add i and ii) >	11,935.00	11,935.00	11(a)(iii)(I)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	5,000.00	5,000.00	11(c)
d. Total Contributions (add a iii,b and c)>	16,935.00	16,935.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	3,000.00	3,000.00	16
17. Other Federal Receipts (Dividends, interest, etc.) (interest)	229.85	229.85	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18)>	20,164.85	20,164.85	19
20. Total Federal Receipts (subtract line 16 from line 19) >	20,164.85	20,164.85	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)>	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,500.00	10,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements (taxes and bank charges)	67.71	67.71	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,567.71	10,567.71	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	10,567.71	10,567.71	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,935.00	16,935.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,935.00	16,935.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)>	0.00	0.00	37

FEX3NB4.PDF

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Burke & Herbert Bank & Trust Co. Alexandria, VA (interest)		3/31/00 3/31/00	$162.57 $67.28
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)	$229.85
TOTAL This Period (last page this line number only)	$229.85

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell Hawley 205 Main Vail, IA 51465	Hawley Insurance, Inc.	1/27/00	$495.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President	Aggregate Year-to-Date: $495.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gaylord Max Long PO Box 218 Bertrand, NE 68927	Bertrand Agency, Inc.	1/27/00	$995.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: $995.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Weiler 503 5th - Box 130 Syracuse, NE 68446	Granneman Agency, Inc.	2/4/00	$245.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Agent/Owner	Aggregate Year-to-Date: $245.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee R. Gutknecht Box 156 Howard Lake, MN 55349	North Central Crop Ins. Inc.	2/23/00	$245.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: State Supervisor	Aggregate Year-to-Date: $245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Ferree PO Box 406 Sullivan, IN 47882	Springer Insurance	3/3/00	$495.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Co-Owner	Aggregate Year-to-Date: $495.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol J. Sorvik 6000 Grand Ave Des Moines, IA 50312	IGF Insurance Co. Southwest	3/3/00	$495.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Secretary	Aggregate Year-to-Date: $495.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Max J. Claybaker 16018 W Doolin Ave Blackwell, OK 74631	Claybaker Crop Insurance	3/3/00	$495.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President/CIC	Aggregate Year-to-Date: $495.00	

SUBTOTAL of Receipts This Page (optional)	$3,465.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER (1) a.1.

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas F. Gowdy 8400 Barnham Johnston, IA 50131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	IGP President Aggregate Year-to-Date >	3/3/00 $295.00	$295.00
B. Dennis G. Daggett 2262 Carver Rd. Winterset, IA 50273 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	IGP Insurance Co. President Aggregate Year-to-Date >	3/3/00 $245.00	$245.00
C. Richard L. Rogers 100 E 9th Street Topeka, KS 66601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blakely Crop Hail, Inc. 1st VP, General Manager Aggregate Year-to-Date >	3/16/00 $495.00	$495.00
D. John H. Joyce 1501 50th St - Suite 200 West Des Moines, IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rain & Hail Ins. Svcs Inc. President Aggregate Year-to-Date >	3/27/00 $300.00	$300.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$1,335.00
TOTAL This Period (last page this line number only)	$4,800.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Kerrey for U.S. Senate 301 4th St. NW, Suite 201 Washington, DC 20002		3/27/00	$3,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REFUND	Occupation		
	Aggregate Year-to-Date	$3,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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 of Each Receipt this Period
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 of Each Receipt this Period
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 of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	$3,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code Burke & Herbert Bank & Trust Co. Alexandria, VA	Purpose of Disbursement bank charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1/31/00	Amount of Each Disbursement This Period $67.71
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$67.71
TOTAL This Period (last page this line number only)	$67.71

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Feinstein 2000 1937 Columbia Pike #32 Arlington, VA 22204		2/2/00	$1,000.00
Pomeroy for Congress PO Box 75214 Washington, DC 20013		2/29/00	$500.00
Ken Calvert for Congress 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151		3/1/00	$500.00
Boswell for Congress 227 Massachusetts Ave. NE - Suite 302 Washington, DC 20002		3/1/00	$500.00
Citizens for Harkin 426 C Street, NE Washington, DC 20002		3/2/00	$1,000.00
Minge for Congress PO Box 71 Granite Falls, MN 56241-0071		3/9/00	$500.00
Friends of Ray LaHood 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151		3/14/00	$500.00
Friends of Jack Kingston, c/o Grace Cummings 1170 North Pitt Street Alexandria, VA 22314		3/15/00	$500.00
Santorum 2000 128 N. Columbus Alexandria, VA 22314		3/9/00	$1,000.00

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

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Latham for Congress 4010 Franconia Road Alexandria, VA 22310		3/9/00	$500.00
B. Team Emerson PO Box 16021 Alexandria, VA 22302		3/21/00	$1,000.00
C. Friends of Farr 227 Massachusetts Ave., NE - Suite 302 Washington, DC 20002		3/21/00	$500.00
D. Thune for Congress PO Box 516 Sioux Falls, SD 57101		3/22/00	$500.00
E. Boyd for Congress PO Box 15703 Tallahassee, FL 32317		3/27/00	$1,000.00
F. Berry for Congress 227 Massachusetts Ave., NE - Suite 302 Washington, DC 20002		3/27/00	$500.00
G. Bob Etheridge for Congress Committee PO Box 28001 Raleigh, NC 27611		3/27/00	$500.00
H.			
I.			

SUBTOTAL of Disbursements This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	$10,500.00

FE7AN047PDF

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 4-14-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

KEG
PREPARER

4-14-00
DATE PREPARED

(4/98)