

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 04 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael R. McLeod

Signature of Treasurer Electronically Filed by Michael R. McLeod Date 07 13 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		34733.76
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	38329.75									
(c) Total Receipts (from Line 19)	33603.83	64699.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71933.58	99433.58								
7. Total Disbursements (from Line 31)	36600.00	64100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35333.58	35333.58								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20300.00	40750.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	13235.00	18825.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33535.00	59575.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33535.00	64575.00
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.)	68.83	124.82
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))	33603.83	64699.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33603.83	64699.82

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	64000.00
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.....	100.00	100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36600.00	64100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36600.00	64100.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33535.00	64575.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33535.00	64575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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) Koanne Babel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address PO Box 38		Transaction ID: SA11A1.5400	
City Wood River	State NE	Amount of Each Receipt this Period 245.00	
Zip Code 68886			
FEC ID number of contributing federal political committee. C			
Name of Employer AgroNational Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

B. Full Name (Last, First, Middle Initial) Dave A. Cain		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 967 70th Avenue		Transaction ID: SA11A1.5405	
City Sherburn	State MN	Amount of Each Receipt this Period 295.00	
Zip Code 56171			
FEC ID number of contributing federal political committee. C			
Name of Employer NAU Country Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

C. Full Name (Last, First, Middle Initial) Robert E. Carden		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address PO Box 1834		Transaction ID: SA11A1.5368	
City Winter Haven	State FL	Amount of Each Receipt this Period 2000.00	
Zip Code 33882			
FEC ID number of contributing federal political committee. C			
Name of Employer Carden & Sproff Insurance	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2540.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steve Carthel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 6606 Roxton		Transaction ID: SA11A1.5362	
City State Zip Code Amarillo TX 79109	Amount of Each Receipt this Period 295.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rain & Hail, LLC	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

Full Name (Last, First, Middle Initial) B. Rodney Clark		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 306 Kimball		Transaction ID: SA11A1.5366	
City State Zip Code Mount Vernon IN 47620	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CGB Diversified Services	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. John B Collins		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 3080 E. Lakeshore Drive		Transaction ID: SA11A1.5376	
City State Zip Code Whitefish MT 59937	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Collins Associates, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3795.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. Shirley Colman		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 1813 Heather Lane		Transaction ID: SA11A1.5398	
City State Zip Code Clay City IL 62824	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Great American Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. Timothy D Copeland		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2007	
Mailing Address 10866 Arcaro Lane		Transaction ID: SA11A1.5378	
City State Zip Code Union KY 41091	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Great American Ins Co	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. John F. Dalton		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2007	
Mailing Address 16749 Orchard Road		Transaction ID: SA11A1.5399	
City State Zip Code Council Bluffs IA 51503	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Agri-Land Ins Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional) ▶	790.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gary Douglas		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2007	
Mailing Address Box 594		Transaction ID: SA11A1.5413	
City Fulton	State MO	Zip Code 65251	Amount of Each Receipt this Period 245.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rain & Hail Insurance	Occupation Field Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. Chris Fisher		Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2007	
Mailing Address 4305 159th Street		Transaction ID: SA11A1.5406	
City Urbandale	State IA	Zip Code 50323	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Raymond Froelick		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2007	
Mailing Address PO Box 428		Transaction ID: SA11A1.5408	
City Piper City	State IL	Zip Code 60959	Amount of Each Receipt this Period 245.00
FEC ID number of contributing federal political committee. C			
Name of Employer Great American Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional) ▶	740.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Kim R. Gibson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 21765 Greenview Road		Transaction ID: SA11A1.5374
City State Zip Code Council Bluffs IA 51503	Amount of Each Receipt this Period 995.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Agro National	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 995.00	

B. Full Name (Last, First, Middle Initial) Rick Gibson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7
Mailing Address 535 West Broadway		Transaction ID: SA11A1.5370
City State Zip Code Council Bluffs IA 51503	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Agro National, LLC	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Charles L. Goode		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 704 Davidson Street		Transaction ID: SA11A1.5363
City State Zip Code Raleigh NC 27609	Amount of Each Receipt this Period 395.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rain & Hail, LLC	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional) ▶	2390.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Kelley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 3910 Brockton Drive		Transaction ID: SA11A1.5402	
City State Zip Code Cincinnati OH 45251	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Elliott L. Konschak		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 752 142nd Lane NW		Transaction ID: SA11A1.5411	
City State Zip Code Andover MN 55304	Amount of Each Receipt this Period 495.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NAU Country Insurance	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) C. Brian J. Laird		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 501 W. Enterprise Ave.		Transaction ID: SA11A1.5414	
City State Zip Code Clovis CA 93611	Amount of Each Receipt this Period 395.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rain & Hail Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

SUBTOTAL of Receipts This Page (optional) ▶	1140.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jess Ben Latham		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address Box 229		Transaction ID: SA11A1.5375
City Amarillo	State TX	Zip Code 79105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Producers Lloyds Ins Co	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Gaylord Max Long		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address PO Box 218		Transaction ID: SA11A1.5367
City Bertrand	State NE	Zip Code 68927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Vice President	Occupation Bertrand Agency, Inc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Michael J. Long		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 242 High School Avenue		Transaction ID: SA11A1.5412
City Council Bluffs	State IA	Zip Code 51503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer AgroNational Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional) ▶	3245.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeff Malcom		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 2300 Liberty Hill Church Rd		Transaction ID: SA11A1.5364	
City State Zip Code Monroe GA 30655	Amount of Each Receipt this Period 395.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rain & Hail, LLC	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

Full Name (Last, First, Middle Initial) B. Ryan D. Miller		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 3417 Eula Drive		Transaction ID: SA11A1.5365	
City State Zip Code Urbandale IA 50322	Amount of Each Receipt this Period 395.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rain & Hail, LLC	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

Full Name (Last, First, Middle Initial) C. Kent Olson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7	
Mailing Address 1211 Memorial Hwy		Transaction ID: SA11A1.5369	
City State Zip Code Bismarck ND 58504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Professional Ins. Agents of ND	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1040.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jodi L. Rhodes		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 1704 Timberland		Transaction ID: SA11A1.5401	
City State Zip Code Glenwood IA 51534	Amount of Each Receipt this Period 495.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AgroNational Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) B. Keith Storck		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address PO Box 206		Transaction ID: SA11A1.5397	
City State Zip Code Saint Peter IL 62880	Amount of Each Receipt this Period 245.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Peter Insurance Agency	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) C. R. John Taylor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 111 Main Street, PO BOX 538		Transaction ID: SA11A1.5377	
City State Zip Code Lewiston ID 83501	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CropUSA	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1740.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Sherrill R. Tubbs

Mailing Address 306 South College

City State Zip Code
 Scott City KS 67871

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

Name of Employer Western Kansas Insurance Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.5409

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Robert J. Twomey

Mailing Address 1346 Covedale Lane

City State Zip Code
 Amelia OH 45102

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

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.5407

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
 Dale Vogt

Mailing Address 3412 Golf Road

City State Zip Code
 Eau Claire WI 54701

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

Name of Employer FCIA Occupation Asst. Claims Adjuster

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.5372

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 23	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Kris L. Wedel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 5708 South Custer		Transaction ID: SA11A1.5415	
City State Zip Code Spokane WA 99223	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rain & Hail Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Joel F. Weiss		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 6319 SW 23rd St		Transaction ID: SA11A1.5371	
City State Zip Code Topeka KS 66614	Amount of Each Receipt this Period 495.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blakely Crop Hail, Inc.	Occupation VP, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

SUBTOTAL of Receipts This Page (optional) ▶	995.00
TOTAL This Period (last page this line number only) ▶	20300.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. BOB ETHERIDGE FOR CONGRESS COMMITTEE		Transaction ID: SB23.5417 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 303 WEST JONES STREET SUITE 220 PO BOX 28001		Amount of Each Disbursement this Period 2500.00
City RALEIGH State NC Zip Code 27611		
Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name BOB ETHERIDGE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02		

Full Name (Last, First, Middle Initial) B. BOB ETHERIDGE FOR CONGRESS COMMITTEE		Transaction ID: SB23.5430 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 303 WEST JONES STREET SUITE 220 PO BOX 28001		Amount of Each Disbursement this Period 1000.00
City RALEIGH State NC Zip Code 27611		
Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name BOB ETHERIDGE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02		

Full Name (Last, First, Middle Initial) C. BOYD FOR CONGRESS		Transaction ID: SB23.5420 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 15703 P.O. Box 15703		Amount of Each Disbursement this Period 4000.00
City Tallahassee State FL Zip Code 32317		
Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name F ALLEN JR BOYD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. BOYD FOR CONGRESS		Transaction ID: SB23.5421 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 15703 P.O. Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee State FL Zip Code 32317	Purpose of Disbursement Category/Type	
Candidate Name F ALLEN JR BOYD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02		

Full Name (Last, First, Middle Initial) B. CHAMBLISS FOR SENATE		Transaction ID: SB23.5424 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address POST OFFICE BOX 12469		Amount of Each Disbursement this Period 3000.00
City ATLANTA State GA Zip Code 30355	Purpose of Disbursement Category/Type	
Candidate Name SAXBY CHAMBLISS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 08		

Full Name (Last, First, Middle Initial) C. CITIZENS FOR COCHRAN		Transaction ID: SB23.5431 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address PO BOX 7183		Amount of Each Disbursement this Period 1000.00
City TUPELO State MS Zip Code 38802	Purpose of Disbursement Category/Type	
Candidate Name THAD COCHRAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 00		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. EARL POMEROY FOR CONGRESS

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Candidate Name
EARL RALPH POMEROY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.5432

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement

Candidate Name
ROSA DELAURO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.5418

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement

Candidate Name
ROSA DELAURO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.5419

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. JOHN SALAZAR FOR CONGRESS		Transaction ID: SB23.5434 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 1000.00
City Pueblo State CO Zip Code 81002	Purpose of Disbursement Category/Type	
Candidate Name JOHN TONY SALAZAR	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. MIKE MCINTYRE FOR CONGRESS		Transaction ID: SB23.5425 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 1000.00
City Lumberton State NC Zip Code 28359	Purpose of Disbursement Category/Type	
Candidate Name MIKE MCINTYRE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. MORAN FOR KANSAS		Transaction ID: SB23.5433 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 1151		Amount of Each Disbursement this Period 1000.00
City Hays State KS Zip Code 67601	Purpose of Disbursement Category/Type	
Candidate Name JERRY MORAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. PAT ROBERTS FOR SENATE		Transaction ID: SB23.5422 Date of Disbursement 04 / 23 / 2007
Mailing Address PO BOX 433		Amount of Each Disbursement this Period 5000.00
City GREAT BEND	State KS Zip Code 67530	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 00		

Full Name (Last, First, Middle Initial) B. PETERSON FOR CONGRESS		Transaction ID: SB23.5423 Date of Disbursement 04 / 23 / 2007
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 5000.00
City Detroit Lakes	State MN Zip Code 56501	
Purpose of Disbursement		
Candidate Name COLLIN CLARK PETERSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 07		

Full Name (Last, First, Middle Initial) C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN		Transaction ID: SB23.5429 Date of Disbursement 04 / 24 / 2007
Mailing Address 1519 Washington Street 2nd Floor Suite 200		Amount of Each Disbursement this Period 1000.00
City Laredo	State TX Zip Code 78042	
Purpose of Disbursement		
Candidate Name HENRY R CUELLAR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 28		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	36500.00

**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)

PAGE 23 / 23

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. D.C. Treasurer

Mailing Address PO Box 679 Ben Franklin Sta

City Washington State DC Zip Code 20044

Purpose of Disbursement
tax on interest

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5360

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00