

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 14 P 4: 57

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Association of Crop Insurers Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Massachusetts Ave. NW #800	2. FEC IDENTIFICATION NUMBER C 00172833
CITY, STATE and ZIP CODE Washington, DC 20001	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1A)

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>April 1, 2000</u> through <u>June 30, 2000</u>		
6. (a) Cash on Hand January 1, 2000		\$ 33,398.81
(b) Cash on Hand at Beginning of Reporting Period	\$ 42,995.95	
(c) Total Receipts (from Line 19)	\$ 11,468.05	\$ 31,632.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 54,464.00	\$ 65,031.71
7. Total Disbursements (from Line 20)	\$ 21,285.00	\$ 31,852.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 33,179.00	\$ 33,179.00
9. Debts and Obligations Owed TO 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 800-424-9690 Local 202-219-5420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		

Type or Print Name of Treasurer Michael R. McLeod	
Signature of Treasurer 	Date July 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.

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FEC FORM 3X
(revised 9/99)

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: April 1, 2000 TO: June 30, 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) -----	1,950.00	6,750.00
ii. Unitemized -----	9,250.00	16,385.00
iii. Total ----- (add i and ii) >	11,200.00	23,135.00
b. Political Party Committees -----	0.00	0.00
c. Other Political Committees (such as PACs) -----	0.00	5,000.00
d. Total Contributions ----- (add a ii,b and c) >	11,200.00	28,135.00
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.) -----	0.00	3,000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees -----	268.05	297.90
17. Other Federal Receipts (Dividends, Interest, etc.) ----- (interest)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity -----	11,468.05	31,632.90
19. Total Receipts ----- (add 11d,12,13,14,15,16,17, and 18) >	11,468.05	31,632.90
20. Total Federal Receipts ----- (subtract line 18 from line 19) >	11,468.05	31,632.90
II. Disbursements		
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 a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees -----	21,000.00	31,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees -----	0.00	0.00
24. Independent Expenditures (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. Individual/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 a, b and c) >	0.00	0.00
29. Other Disbursements ----- (taxes and bank charges)	285.00	352.71
30. Total Disbursements ----- (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21,285.00	31,952.71
31. Total Federal Disbursements ----- (subtract line 21 a ii from line 30) >	21,285.00	31,852.71
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d) -----	11,200.00	28,135.00
33. Total Contribution Refunds (from line 28d) -----	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32) -----	11,200.00	28,135.00
35. Total Federal Operating Expenditures ----- (add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15) -----	0.00	0.00
37. Net Operating Expenditures ----- (subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

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

<p>A. Full Name, Mailing Address and ZIP Code Burke & Herbert Bank & Trust Co. Alexandria, VA (interest)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date</p>	<p>Date (month, day, year) 6/30/00 6/30/00</p>	<p>Amount of Each Receipt This Period \$200.28 \$67.77</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

<p>SUBTOTAL of Receipts This Page (optional) -----</p>	<p>\$268.05</p>
<p>TOTAL This Period (last page this line number only) -----</p>	<p>\$268.05</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jack Kingston 7360 Skidaway Road Savannah, GA 31406	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 420 C Street, NE - lower level Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$2,000.00
C. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908 Cincinnati-Dayton Road West Chester, OH 45069	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Mike McIntyre for Congress PO Box 1 Lumberton, NC 28359	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$500.00
E. Full Name, Mailing Address and ZIP Code Walsh for Congress PO Box 1974 Syracuse, NY 13201	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/00	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Combest Congressional Committee 383 S. Pickett Street Alexandria, VA 22304	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/00	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Eva Clayton for Congress Southwest Station - PO Box 70015 Washington, DC 20022	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/00	\$500.00
H. Full Name, Mailing Address and ZIP Code Thune for Congress PO Box 516 Sioux Falls, SD 57101	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Tim Johnson for South Dakota 420 C Street, NE Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	\$1,000.00

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

\$9,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
(Mike) Simpson for Congress PO Box 1541 Boise, ID 83701		5/18/00	\$500.00
B. Full Name, Mailing Address and ZIP Code Stenholm for Congress Committee 227 Massachusetts Ave., NE #302 Washington, DC 20002		5/22/00	\$1,500.00
C. Full Name, Mailing Address and ZIP Code Lucas for Congress 499 S. Capitol St., SE - Suite 603 Washington, DC 20000		5/23/00	\$500.00
D. Full Name, Mailing Address and ZIP Code Joe Skoen for Congress c/o 429 N. Saint Asaph St. Alexandria, VA 22314		5/25/00	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Baron Hill PO Box 1071 Seymour, IN 47274		6/5/00	\$500.00
F. Full Name, Mailing Address and ZIP Code Thompson for Congress 436 New Jersey Ave., SE Washington, DC 20003		6/5/00	\$500.00
G. Full Name, Mailing Address and ZIP Code Boswell for Congress 227 Massachusetts Ave., NE #101 Washington, DC 20002		6/6/00	\$500.00
H. Full Name, Mailing Address and ZIP Code Stenholm for Congress Committee 227 Massachusetts Ave., NE #302 Washington, DC 20002		6/6/00	\$1,000.00
I. Full Name, Mailing Address and ZIP Code (Grog) Walden for Congress, Inc. PO Box 1091 Hood River, OR 97031		6/7/00	\$500.00

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

\$6,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 23

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(Ben) Nelson 2000 301 4th Street, NE - Suite 201 Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Victory Political Action Committee 701 Pennsylvania Ave., NW - Suite 250 Washington, DC 20004	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	\$1,500.00
C. Full Name, Mailing Address and ZIP Code Doug Ose for Congress 1212 North Vernon St. Arlington, VA 22201	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$500.00
D. Full Name, Mailing Address and ZIP Code Bob Schaffer for Congress Committee PO Box 1929 Fort Collins, CO 80522-1929	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/00	\$500.00
E. Full Name, Mailing Address and ZIP Code Friends of Dick Lugar, Inc. c/o Martin W. Morris - 6 Chalfont Ct. Bethesda, MD 20816-1805	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/00	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Saxby Chambliss for Congress PO Box 4084 Macon, GA 31208	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$500.00
G. Full Name, Mailing Address and ZIP Code Team Emerson PO Box 16021 Alexandria, VA 22302	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/00	\$500.00
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ----- \$5,500.00

TOTAL This Period (last page this line number only) ----- \$21,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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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	Purpose of Disbursement -MEMO- redesignation of disbursement from prior period Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Tom Harkin PO Box 811 Des Moines, IA 50304		6/1/99	\$3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ---

\$3,000.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 & 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
Greg K. Burger 1209 Amanda Ct Eau Claire, WI 54703	North Central Crop Ins. Inc.	4/25/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date	\$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John D. Govig 3390 Perry Road Steward, IL 60553		4/25/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Claims Rep		
	Aggregate Year-to-Date	\$300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Ihry Box 9 Hope, ND 58046	Iary Insurance Agency	5/11/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner		
	Aggregate Year-to-Date	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lloyd Miller 4060 Voight Rd Fall Creek, WI 54742		5/22/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Info Systems		
	Aggregate Year-to-Date	\$300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Gowdy 8400 Barnham Johnston, IA 50131	IGF	6/9/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date	\$395.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

\$1,950.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burke & Herbert Bank & Trust Co. Alexandria, VA	Federal taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	\$185.00
B. Full Name, Mailing Address and ZIP Code D.C. Treasurer	D.C. taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	\$100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) -----	\$285.00
TOTAL This Period (last page this line number only) -----	\$285.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-14-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>sc</i> PREPARER	7-14-00 DATE PREPARED