REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JUL 16 A 11:01

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Crop Insurance Research Bureau (CIRB PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
3601 Vincennes Road PO Box 68700

CITY, STATE and ZIP CODE
Indianapolis, IN 46268

2. FEC IDENTIFICATION NUMBER
C 00150805

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM TM)
Prior to 01/01/94

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 04/01/01 through 06/30/01		
6. (a) Cash on Hand January 1, 19 2001		$ 2646
(b) Cash on Hand at Beginning of Reporting Period	$ 3760	
(c) Total Receipts (from Line 19)	$ 911	$ 2025
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4671	$ 4671
7. Total Disbursements (from Line 30)	$ 1438	$ 1438
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3233	$ 3233
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 202-694-1100

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
Paul L. Horel

Signature of Treasurer
Paul L. Horel

Date
07/06/01

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)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Crop Insurance Research Bureau PAC

REPORT COVERING PERIOD FROM 04/01/01 TO: 06/30/01

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	700	1805	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	700	1805	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	200	200	11(c)
d. Total Contributions (add a III, b and c) ➤	900	2005	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	11	20	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	911	2025	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	911	2025	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	938	938	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	938	938	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500	500	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1438	1438	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	500	1438	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	900	2005	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	900	2005	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	938	938	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	938	938	37

FE0AN/3X

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)

Crop Insurance Research Bureau PAC (CIRB PAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Rutledge 3915 SW 28th Place Des Moines, IA 50321 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	04/16/01	50.00
B. Mark Gregory 9401 Oakwood Drive Urbandale, IL 50322 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	04/16/01	50.00
C. Donald Blevins 321 31rst Street W. Des Moines, IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	04/16/01	50.00
D. Oscar Deardorff 13884 Hawthorne Drive Clive, IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	04/16/01	50.00
E. Farmers Mutual Hail PAC 2333 Grand Avenue Des Moines, IA 50312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 550	04/16/01	200.00
F. Shawn Simpson Route 2 Box 267 Colfax, IL 61728 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	05/11/01	100.00
G. Oscar Olsen 609 58th Street W. Des Moines, IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 135	05/11/01	100.00

SUBTOTAL of Receipts This Page (optional) 600.00

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

RF04N009

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11 ai

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NAME OF COMMITTEE (in Full)

Crop Insurance Research Bureau (CIRB PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steve Ellison 1140 Caledonia Lane Crsytal, IL 60014		05/11/01	100/00
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
Joe Rahman 6641 Wood Circle West Middleton, WI 53562		05/11/01	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 135		

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry Rosenthal Route 2 Box 89 Lexington, Il 61753		05/11/01	100/00
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)	300.00
TOTAL This Period (last page this line number only)	900.00

FEC/AN009

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 7 & 30

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

NAME OF COMMITTEE (in Full)

Crop Insurance Research Bureau (CIRB PAC)

A. Full Name, Mailing Address and ZIP Code Ron Kind for Congress P.O. Box 84 LaCrosse, WI 54602	Purpose of Disbursement Congressional Race Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 06/25/01	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Crop Insurance Research Bureau 3601 Vincennes Rd Indianapolis, IN 46268	Purpose of Disbursement Reimburse meeting exp. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 06/25/01	Amount of Each Disbursement This Period 412. 23
C. Full Name, Mailing Address and ZIP Code Crop Insurance Research Bureau 3601 Vincennes Rd Indianapolis, IN 46268	Purpose of Disbursement Reimburse golf outing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 06/25/01	Amount of Each Disbursement This Period 525.93
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

UBTOTAL of Disbursements This Page (optional)	1438.16
OTAL This Period (last page this line number only)	1438.16

099

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 7/11/01
☐	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	

OAO	7/16/01
PREPARER	DATE PREPARED

(6/2000)