

# 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 (12S)  
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 07 01 2010 through 09 30 2010

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

Signature of Treasurer Electronically Filed by Michael R. McLeod Date 10 15 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		54091.43
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	90305.94									
(c) Total Receipts (from Line 19) .....	16417.33	90679.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	106723.27	144771.25								
7. Total Disbursements (from Line 31) .....	16508.00	54555.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	90215.27	90215.27								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9685.00	63145.00
(ii) Unitemized .....	6685.00	27426.16
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16370.00	90571.16
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16370.00	90571.16
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	47.33	108.66
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)) .....	16417.33	90679.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16417.33	90679.82

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	54500.00
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.....	8.00	55.98
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16508.00	54555.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16508.00	54555.98

**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) .....	16370.00	90571.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16370.00	90571.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
 Mark W. Anderson  
 Mailing Address PO Box 49  
 City Burns State WY Zip Code 82053  
 Date of Receipt 09 / 28 / 2010  
**Transaction ID: SA11AI.6601**  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Burns Insurance Agency Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Tom TJ Anderson  
 Mailing Address Box 565  
 City Laurel State NE Zip Code 68745  
 Date of Receipt 09 / 28 / 2010  
**Transaction ID: SA11AI.6599**  
 Amount of Each Receipt this Period 350.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Crop Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 350.00

**C.** Full Name (Last, First, Middle Initial)  
 Arlyn D Askim  
 Mailing Address 205 Park Street East  
 City Park River State ND Zip Code 58270  
 Date of Receipt 09 / 28 / 2010  
**Transaction ID: SA11AI.6596**  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Crop Insurance Occupation Fieldman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
 Josh Bukowski  
 Mailing Address 1623 5th Ave NE Apt. 6  
 City State Zip Code  
 Devils Lake ND 58301  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 1 0  
**Transaction ID:** SA11AI.6598  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Crop Insurance Occupation Field Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Danny Daniel  
 Mailing Address 644 LR23  
 City State Zip Code  
 Ashdown AR 71822  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 1 0  
**Transaction ID:** SA11AI.6603  
 Amount of Each Receipt this Period  
 350.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Crop Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**C.** Full Name (Last, First, Middle Initial)  
 Angela Durbin  
 Mailing Address RR 4 Box 62  
 City State Zip Code  
 Shelbyville IL 62565  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 7 / 2 0 1 0  
**Transaction ID:** SA11AI.6588  
 Amount of Each Receipt this Period  
 295.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Crop Insurance Occupation Field Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 945.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James D Eastburn			Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010		
	Mailing Address 2935 Meadowview			<b>Transaction ID:</b> SA11AI.6602		
	City Topeka	State KS	Zip Code 66605	Amount of Each Receipt this Period 300.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Heartland Crop Insurance		Occupation Agent	Aggregate Year-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Lee Friesen			Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010		
	Mailing Address 42553 US Hwy 18			<b>Transaction ID:</b> SA11AI.6586		
	City Olivet	State SD	Zip Code 57052	Amount of Each Receipt this Period 295.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Heartland Crop Insurance		Occupation Farm/Field Support	Aggregate Year-to-Date 295.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) William L Graven			Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010		
	Mailing Address Box 686			<b>Transaction ID:</b> SA11AI.6592		
	City Dawson	State MN	Zip Code 56232	Amount of Each Receipt this Period 300.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Heartland Crop Insurance		Occupation Claims Supervisor	Aggregate Year-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	895.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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)  
Darrell Guthmiller

Mailing Address PO Box 386

City Menno State SD Zip Code 57045

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

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11AI.6608  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mike Hartquist

Mailing Address 11470 S. Carbondale St

City Olathe State KS Zip Code 66061

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

Name of Employer Heartland Crop Insurance Occupation Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 09 / 27 / 2010  
Transaction ID: SA11AI.6585  
Amount of Each Receipt this Period: 495.00

**C.**

Full Name (Last, First, Middle Initial)  
Brooks Lofstedt

Mailing Address 5521 Maryland Street

City Ames State IA Zip Code 50014

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

Name of Employer Heartland Crop Insurance Occupation Fieldman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 09 / 27 / 2010  
Transaction ID: SA11AI.6589  
Amount of Each Receipt this Period: 345.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Billy W Mansfield		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address Box 116		<b>Transaction ID:</b> SA11AI.6605		
	City Martin	State SD	Zip Code 57551	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Crop Insurance	Occupation Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John S McNeil		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 1001 E. 1st Ave.		<b>Transaction ID:</b> SA11AI.6582		
	City Mitchell	State SD	Zip Code 57301	Amount of Each Receipt this Period 295.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Crop Insurance	Occupation Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		295.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William A Mecozzi		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address 33291 Gypsum Avenue		<b>Transaction ID:</b> SA11AI.6593		
	City Tomah	State WI	Zip Code 54660	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Crop Insurance	Occupation Adjuster	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	945.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Merchant	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 1404 W. 12th Street	<b>Transaction ID:</b> SA11AI.6597
	City State Zip Code Spencer IA 51301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Heartland Crop Insurance Occupation Field Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael A. Miller	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 3950 SW Wanamaker Road	<b>Transaction ID:</b> SA11AI.6607
	City State Zip Code Topeka KS 66610	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Heartland Crop Insurance, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Trent W Nauholtz	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2749 Inverness Court	<b>Transaction ID:</b> SA11AI.6584
	City State Zip Code Lawrence KS 66047	Amount of Each Receipt this Period 295.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Heartland Crop Insurance Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2345.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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)  
Diemer Norman

Mailing Address PO Box 128

City State Zip Code  
Kelso TN 37348

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

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11AI.6604

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Rodkey

Mailing Address PO Box 96

City State Zip Code  
Rossville IN 46065

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

Name of Employer Heartland Crop Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11AI.6595

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Wade Shuler

Mailing Address 7036 SW 69th St

City State Zip Code  
Auburn KS 66402

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

Name of Employer Heartland Crop Insurance Occupation Exec. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.6583

Amount of Each Receipt this Period  
495.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1095.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Sims		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address Box 324		<b>Transaction ID:</b> SA11AI.6594		
	City Boswell	State IN	Zip Code 47921	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Crop Insurance	Occupation Field Rep	Aggregate Year-to-Date 325.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry D Stieben		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address PO Box 272		<b>Transaction ID:</b> SA11AI.6591		
	City Bazine	State KS	Zip Code 67516	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Crop Insurance	Occupation Agent	Aggregate Year-to-Date 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Van Hooser		Date of Receipt MM / DD / YYYY 09 / 28 / 2010		
	Mailing Address 50659 15th Street		<b>Transaction ID:</b> SA11AI.6600		
	City Austin	State MN	Zip Code 55912	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Crop Insurance	Occupation Agent	Aggregate Year-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 18	
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Van Hooser		Date of Receipt		
	Mailing Address 90846 145th St		M M / D D / Y Y Y Y 09 / 27 / 2010		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6587	
	Austin	MN	55912	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	345.00	
	Name of Employer Heartland Crop Insurance		Occupation Field Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		345.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	345.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9685.00

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ADRIAN SMITH FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6620 Date of Disbursement 09 / 28 / 2010	
	Mailing Address 3321 avenue I suite 6 SUITE 6		
	City State Zip Code Scottsbluff NE 69361	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name ADRIAN SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CHAMBLISS FOR SENATE</b>	<b>Transaction ID:</b> SB23.6613 Date of Disbursement 09 / 23 / 2010	
	Mailing Address POST OFFICE BOX 12469		
	City State Zip Code ATLANTA GA 30355	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name SAXBY CHAMBLISS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CHAMBLISS FOR SENATE</b>	<b>Transaction ID:</b> SB23.6616 Date of Disbursement 09 / 23 / 2010	
	Mailing Address POST OFFICE BOX 12469		
	City State Zip Code ATLANTA GA 30355	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Candidate Name SAXBY CHAMBLISS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

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

**8500.00**

**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)

A.	Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS	Transaction ID: SB23.6617 Date of Disbursement
	Mailing Address PO Box 51272	<input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Midland State TX Zip Code 79710	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name K MICHAEL CONAWAY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF FARR	Transaction ID: SB23.6622 Date of Disbursement
	Mailing Address 555 Capitol Mall Suite 1425	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name SAM FARR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LUCAS FOR CONGRESS	Transaction ID: SB23.6611 Date of Disbursement
	Mailing Address Post Office Box 1726 Post Office Box 1726	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Oklahoma City State OK Zip Code 73101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name FRANK D LUCAS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>LUCAS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6621 Date of Disbursement 09 / 15 / 2010	
	Mailing Address Post Office Box 1726 Post Office Box 1726		
	City Oklahoma City State OK Zip Code 73101	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement Candidate Name FRANK D LUCAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>STABENOW FOR US SENATE</b>	<b>Transaction ID:</b> SB23.6619 Date of Disbursement 09 / 30 / 2010	
	Mailing Address PO BOX 4945		
	City EAST LANSING State MI Zip Code 48826	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name DEBBIE STABENOW Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</b>	<b>Transaction ID:</b> SB23.6610 Date of Disbursement 09 / 16 / 2010	
	Mailing Address PO Box 2009		
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name STEPHANIE HERSETH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> 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 18 / 18

<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)

A.

Full Name (Last, First, Middle Initial)

TEAM EMERSON FOR JO ANN EMERSON

Transaction ID: SB23.6618

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

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

City State Zip Code  
Cape Girardeau MO 63702

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/  
Type

Candidate Name  
JO ANN H EMERSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

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

1000.00

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

16500.00