FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

ADDRESS (number and street) ▼

316 Pennsylvania Ave SE

Suite 401

☐ Check if different than previously reported. (ACC)

WASHINGTON | DC | 20003 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00503680

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 Year-End 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 MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

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 Jack Tank

Signature of Treasurer *Jack Tank* ***[Electronically Filed]*** Date 03 / 16 / 2016

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Report Covering the Period: From: 02 / 01 / 2016 To: 02 / 29 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		50972.54
(b) Cash on Hand at Beginning of Reporting Period	57781.75	
(c) Total Receipts (from Line 19)	1400.00	8260.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59181.75	59232.54
7. Total Disbursements (from Line 31)	31007.50	31058.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28174.25	28174.25
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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Report Covering the Period: From: M M 02 / D D 01 / Y Y Y Y 2016 To: M M 02 / D D 29 / Y Y Y Y 2016

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)	250.00	6850.00
(ii) Unitemized	150.00	410.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	400.00	7260.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	1400.00	8260.00
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.)	0.00	0.00
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 Transfers (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)) ▶	1400.00	8260.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1400.00	8260.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	7.50	58.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	7.50	58.29
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	31000.00	31000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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))	31007.50	31058.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	31007.50	31058.29

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	1400.00	8260.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1400.00	8260.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	7.50	58.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	7.50	58.29

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)
[X] 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)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A.
Full Name (Last, First, Middle Initial): Gerrit M Deglee
Mailing Address: 6517 Reynolds Rd
City: Horton State: MI Zip Code: 49246
FEC ID number of contributing federal political committee: C
Name of Employer: Spartan Insurance LLC
Occupation: Agent
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 / 17 / 2016
Transaction ID : SA11AI.5371
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 250.00

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)
- [ ] 11a
- [ ] 11b
- [x] 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)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A.
Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CROP INSURANCE AGENTS POLITICAL ACTION COMMITTEE (NACIA PAC)

Mailing Address 110 NORTH 6TH STREET
PO BOX 368

City: MEMPHIS
State: TX
Zip Code: 79245

FEC ID number of contributing federal political committee. C C00390815

Name of Employer
Occupation

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 04 / 2016

Transaction ID : SA11C.5368

Amount of Each Receipt this Period: 1000.00

- [ ] Memo Item

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City
State
Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer
Occupation

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

- [ ] Memo Item

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

Mailing Address

City
State
Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer
Occupation

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Full Name (Last, First, Middle Initial): BUTTERFIELD FOR CONGRESS
Mailing Address: 434 FAYETTEVILLE STREET, SUITE 2020
City: RALEIGH State: NC Zip Code: 27601
Purpose of Disbursement: Political Contribution
Candidate Name: G K BUTTERFIELD
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5334
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): CITIZENS FOR COCHRAN
Mailing Address: PO BOX 7183
City: TUPELO State: MS Zip Code: 38802
Purpose of Disbursement: Political Contribution
Candidate Name: THAD COCHRAN
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MS District: 00
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5335
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): CONAWAY FOR CONGRESS
Mailing Address: PO BOX 51272
City: MIDLAND State: TX Zip Code: 79710
Purpose of Disbursement: Political Contribution
Candidate Name: HON MICHAEL CONAWAY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 11
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5336
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A.
Full Name (Last, First, Middle Initial): DOUG LAMALFA COMMITTEE
Mailing Address: 2150 RIVER PLAZA DR., #150
City: SACRAMENTO State: CA Zip Code: 95833
Purpose of Disbursement: Political Contribution
Candidate Name: DOUG LAMALFA
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 02 / D D 24 / Y Y Y Y 2016
Transaction ID : SB23.5337
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): DUFFY FOR CONGRESS
Mailing Address: PO BOX 538
City: WAUSAU State: WI Zip Code: 54402
Purpose of Disbursement: Political Contribution
Candidate Name: SEAN DUFFY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 02 / D D 24 / Y Y Y Y 2016
Transaction ID : SB23.5338
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): ELECT BLAKE FARENTHOLD COMMITTEE
Mailing Address: P.O. BOX 3369
City: CORPUS CHRISTI State: TX Zip Code: 78463
Purpose of Disbursement: Political Contribution
Candidate Name: RANDOLPH BLAKE FARENTHOLD
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 27
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 02 / D D 24 / Y Y Y Y 2016
Transaction ID : SB23.5339
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Full Name (Last, First, Middle Initial): FRIENDS OF BENNIE THOMPSON
Mailing Address: P.O. BOX 100
City: BOLTON State: MS Zip Code: 39041
Purpose of Disbursement: Political Contribution
Candidate Name: BENNIE G. THOMPSON
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MS District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5340
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): FRIENDS OF JIM CLYBURN
Mailing Address: POST OFFICE BOX 12567
City: COLUMBIA State: SC Zip Code: 29211
Purpose of Disbursement: Political Contribution
Candidate Name: JAMES E. CLYBURN
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5341
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): FRIENDS OF SAM JOHNSON
Mailing Address: P.O. BOX 860096
City: PLANO State: TX Zip Code: 75086
Purpose of Disbursement: Political Contribution
Candidate Name: SAM MR. JOHNSON
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 04 / 2016
Transaction ID : SB23.5342
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Full Name (Last, First, Middle Initial): GARRET GRAVES FOR CONGRESS
Mailing Address: PO BOX 64845
City: BATON ROUGE State: LA Zip Code: 70896
Purpose of Disbursement: Political Contribution
Candidate Name: GARRET GRAVES
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5347
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): GEORGIANS FOR ISAKSON
Mailing Address: POST OFFICE BOX 250116
City: ATLANTA State: GA Zip Code: 30325
Purpose of Disbursement: Political Contribution
Candidate Name: JOHN HARDY ISAKSON
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: GA District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5350
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): HUDSON FOR CONGRESS
Mailing Address: PO BOX 5053
City: CONCORD State: NC Zip Code: 28027
Purpose of Disbursement: Political Contribution
Candidate Name: RICHARD L. HUDSON JR.
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 08
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5351
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Full Name (Last, First, Middle Initial): KEVIN MCCARTHY FOR CONGRESS
Mailing Address: PO BOX 12667
City: BAKERSFIELD State: CA Zip Code: 93389
Purpose of Disbursement: Political Contribution
Candidate Name: KEVIN MCCARTHY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 23
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5352
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): KINZINGER FOR CONGRESS
Mailing Address: PO BOX 2365
City: OTTAWA State: IL Zip Code: 61350
Purpose of Disbursement: Political Contribution
Candidate Name: ADAM KINZINGER
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 16
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5353
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): MARTHA ROBY FOR CONGRESS
Mailing Address: PO BOX 195
City: MONTGOMERY State: AL Zip Code: 36101
Purpose of Disbursement: Political Contribution
Candidate Name: MARTHA ROBY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5354
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Full Name (Last, First, Middle Initial): MIKE BOST FOR CONGRESS COMMITTEE
Mailing Address: PO BOX 1212
City: MURPHYSBORO State: IL Zip Code: 62966
Purpose of Disbursement: Political Contribution
Candidate Name: MICHAEL J BOST
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 12
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5357
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): RENEE ELLMERS FOR CONGRESS COMMITTEE
Mailing Address: PO BOX 99567
City: RALEIGH State: NC Zip Code: 27624
Purpose of Disbursement: Political Contribution
Candidate Name: RENEE JACISIN ELLMERS
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5358
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): ROBERT ADERHOLT FOR CONGRESS
Mailing Address: P. O. BOX 1158
City: HALEYVILLE State: AL Zip Code: 35565
Purpose of Disbursement: Political Contribution
Candidate Name: REP. ROBERT B. ADERHOLT
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 04
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5361
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Full Name (Last, First, Middle Initial): RODNEY FOR CONGRESS
Mailing Address: PO BOX 344
City: TAYLORVILLE State: IL Zip Code: 62568
Purpose of Disbursement: Political Contribution
Candidate Name: RODNEY L DAVIS
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 13
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5362
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN
Mailing Address: 1519 WASHINGTON STREET SUITE 200
City: LAREDO State: TX Zip Code: 78040
Purpose of Disbursement: Political Contribution
Candidate Name: HENRY R. CUELLAR
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 28
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5363
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): TOM REED FOR CONGRESS
Mailing Address: PO BOX 391
City: GENEVA State: NY Zip Code: 14456
Purpose of Disbursement: Political Contribution
Candidate Name: THOMAS W REED II
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 02 / 24 / 2016
Transaction ID : SB23.5364
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A.
Full Name (Last, First, Middle Initial): YODER FOR CONGRESS, INC
Mailing Address: PO BOX 26742
City: OVERLAND PARK State: KS Zip Code: 66225
Purpose of Disbursement: Political Contribution
Candidate Name: KEVIN YODER
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 04 / 2016
Transaction ID : SB23.5365
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 31000.00