REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Association of Crop Insurers PAC

ADDRESS (number and street) ☐ Check if different than previously reported
One Massachusetts Avenue, N.W., Suite 800

CITY, STATE and ZIP CODE
Washington, D.C. 20001-1431

JUL 17 9 02 AM '95

2. FEC IDENTIFICATION NUMBER
C00172833

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

[X] 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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/95 through 06/30/95		
6. (a) Cash on Hand January 1, 19 95		$ 67,535.79
(b) Cash on Hand at Beginning of Reporting Period	$ 67,535.79	
(c) Total Receipts (from Line 19)	$ 25,578.93	$ 25,578.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 93,114.72	$ 93,114.72
7. Total Disbursements (from Line 30)	$ 27,935.00	$ 27,935.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 65,179.72	$ 65,179.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
X Michael R. McLeod

Date
July 14, 1995

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)

FES4/06a

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

(revised 1/1/91)

NAME OF COMMITTEE: American Association of Crop Insurers PAC

REPORT COVERING PERIOD FROM: 1/1/95 TO: 6/30/95

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)	3,180.00	3,180.00	11(a)(i)
ii. Unitemized	19,842.50	19,842.50	11(a)(ii)
iii. Total (add i and ii) ➤	23,022.50	23,022.50	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs) (PAC to PAC)	300.00	300.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	23,322.50	23,322.50	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.) (Bank Interest)	1,256.43	1,256.43	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	25,578.93	25,578.93	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	25,578.93	25,578.93	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	27,000.00	27,000.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements (taxes)	935.00	935.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	27,935.00	27,935.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	27,935.00	27,935.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,322.50	23,322.50	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,322.50	23,322.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

FE8ANdes

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.

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NAME OF COMMITTEE (In Full)
American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Max Claybaker Route 2, Box 18 Blackwell, OK 74631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Claybaker Crop Insur. Occupation: President Aggregate Year-to-Date > $ 500.00	3/27/95	500.00
B. James R. Dawson P.O. Box 1820 Fargo, ND 58107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dawson Hail Insurance Occupation: President Aggregate Year-to-Date > $ 800.00	2/22/95 6/5/95	300.00 500.00
C. Carolyn P. Drake Rt. 4, Box 165 Coushatta, LA 71019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Drake Insurance Agency Occupation: President Aggregate Year-to-Date > $ 245.00	2/9/95	245.00
D. William V. Hanson 247 Ridge Drive Manhattan, KS 66502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 350.00	1/1/95 4/20/95	100.00 250.00
E. Larry McGillis P.O. Box 68 Portland, ND 58274 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	May Port Insurance Occupation: Aggregate Year-to-Date > $	1/26/95	295.00
F. Michael A. Miller 3950 SW Wanamaker Road Topeka, KS 66610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blakely Crop Hail Occupation: Aggregate Year-to-Date > $ 445.00	1/1/95 1/23/95	245.00 200.00
G. Robert W. Post, Jr. 4516 Pin Oak Court Sioux Falls, SD 57103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	1/1/95 1/28/95	95.00 200.00

SUBTOTAL of Receipts This Page (optional) 2,930.00

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

FEC/A/2/86

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a.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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dave W. Rogers 187 52nd Street West Des Moines, IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00	4/19/95	250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	3,180.00

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SCHEDULE A **ITEMIZED RECEIPTS**
(Contribution from PAC)

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

PAGE 1 OF 1

FOR LINE NUMBER 11.c.

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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 PIA PAC 400 N. Washington Street Alexandria, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 2/6/95	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... >

TOTAL This Period (last page this line number only) ..... > 300.00

FE6AN085

SCHEDULE A **ITEMIZED RECEIPTS**

(Refund of Contribution)

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Howell Heflin Committee P.O. Box 1990 Tuscumbia, AL 35674 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	5/8/95 (refunded due to retirement)	1,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) 1,000.00

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

(Bank Interest Earned)

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Burke & Herbert Bank & Trust Co. P.O. Box 268 Alexandria, VA 22313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	(interest received on checking account) Occupation Aggregate Year-to-Date $	1/95 2/95 3/95	35.57 46.94 50.73
B. continued... Receipt For: ☐ Primary ☐ General ☐ Other (specify):	(interest on checking) Occupation Aggregate Year-to-Date $ 215.96	4/95 5/95 6/95	31.69 26.15 24.88
C. Burke & Herbert Bank & Trust Co. P.O. Box 268 Alexandria, VA 22313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	(interest received on Certificate of Deposit) Occupation Aggregate Year-to-Date $	1/95 2/95 3/95	166.15 166.64 174.30
D. continued... Receipt For: ☐ Primary ☐ General ☐ Other (specify):	(interest received on Certificate of Deposit) Occupation Aggregate Year-to-Date $ 1,040.47	4/95 5/95 6/95	177.24 177.79 178.35
E. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,256.43

FE5AH066

SCHEDULE B **ITEMIZED DISBURSEMENTS**
(campaign contributions)

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

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
Tom Latham for Congress 12129 Danley Road Woodbridge, VA 22192	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	1/23/95	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign America P.O. Box 1300 Merrifield, VA 22116	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	1/25/95	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Max Baucus 236 MA Ave., N.E. Washington, D.C. 20002	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	2/13/95	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Newt Gingrich 1085 Holcomb Bride Road Roswell, GA 30076	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	2/14/95	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Karen Thurman 3610 38th Street, N.W. Washington, D.C.	campaign contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) '94 General	2/28/95	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Earl Pomeroy 555 N.J. Avenue, N.W., Ste. 201 Washington, D.C. 20001	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	2/28/95	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Doolittle for Congress 4220 Rocklin Road Rocklin, CA 95677	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	3/1/95	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Warner '96 Committee 425 2nd Street, NE Washington, D.C. 20002	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	3/2/95	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wes Cooley for Congress Committee P.O. Box 40175 Washington, D.C. 20016	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	3/7/95	500.00

SUBTOTAL of Disbursements This Page (optional) 6,000.00

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

FEBAN065

SCHEDULE B **ITEMIZED DISBURSEMENTS**

(campaign contributions)

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Sam Farr P.O. Box 2884 Wasington, D.C. 20013	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/95	500.00
B. Richard Pombo for Congress P.O. Box 16021 Alexandria, VA 22302	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/8/95	1,000.00
C. Friends of Jack Kingston 7360 Skidaway Road Savannah, GA 31406	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/15/95	500.00
D. Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/20/95	500.00
E. Friends of Ray LaHood 4451 Brookfield Chantilly, VA 22021	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/21/95	500.00
F. Minge for Congress 146 N.C. Avenue, SE Washington, D.C. 20003	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/21/95	500.00
G. Friends of Bill Emerson P.O. Box 16021 Alexandria, VA 22302	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/22/95	1,000.00
H. Helms forSenate 425 2nd Street, NE Wasington, D.C. 20002	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/22/95	1,000.00
I. Tom Ewing for Congress P.O. Box 766 Pontiac, IL 61764	campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/28/95	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,500.00

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

FE5AN066

SCHEDULE B **ITEMIZED DISBURSEMENTS**
(campaign contributions)

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Calvert for Congress P.O. Box 1414 Riverside, CA 92502	campaign contribution Disbursement for: Primary General Other (specify)	3/29/95	500.00
Friends of Tim Holden P.O. Box 523024 Springfield, VA 22152	Campaign contribution Disbursement for: Primary General Other (specify)	3/30/95	500.00
Cmte to Elect Wayne Allard 517 2nd Street, NE Washington, D.C. 20002	campaign contribution Disbursement for: Primary General Other (specify)	4/3/95	500.00
The Barrett Committee P.O. Box 40175 Washington, D.C. 20016	Campaign contribution Disbursement for: Primary General Other (specify)	4/3/95	500.00
Condit for Congress Committee 1500 Wilson Blvd. Arlington, VA 22209	campaign contribution Disbursement for: Primary General Other (specify)	4/5/95	500.00
Friends of Ray Thornton P.O. Box 990 Washington, D.C. 20044	campaign contribution Disbursement for: Primary General Other (specify)	4/4/95	500.00
Canady forCongress 4451 Brookfield Drive Chantilly, VA 22021	campaign contribution Disbursement for: Primary General Other (specify)	5/9/95	500.00
Committee for Cong. Charlie Rose P.O. Box 1891 Fayetteville, NC 28302	campaign contribution Disbursement for: Primary General Other (specify)	5/9/95	500.00
Myers forCongress 11623 Deer Forest Road Reston, VA 22094	Campaign Contribution Disbursement for: Primary General Other (specify)	5/10/95	500.00

SUBTOTAL of Disbursements This Page (optional) 4,500.00

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

FEC Form 3X

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SCHEDULE B

ITEMIZED DISBURSEMENTS

(campaign contributions)

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

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
Democratic Senatorial Campaign Cmte 430 S. Capitol Street, SE Washington, D.C. 20003	campaign contribution Disbursement for: Primary General Other (specify)	5/11/95	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep Pat Roberts 4010 Franconia Road Alexandria, VA 22310	campaign contribution Disbursement for: Primary General Other (specify)	5/3/95	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Boehner 7908 Cincinnati Dayton Road West Chester, OH 45069	campaign contribution Disbursement for: Primary General Other (specify)	5/10/95	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Skeen for Congress P.O. Box 16494 Alexandria, VA 22302	campaign contribution Disbursement for: Primary General Other (specify)	5/10/95	1,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Johnson for South Dakota 328 D Street, S.E. Washington, D.C. 20003	campaign contribution Disbursement for: Primary General Other (specify)	5/15/95	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baldacci for Congress P.O. Box 523024 Springfield, VA 22152	campaign contribution Disbursement for: Primary General Other (specify)	5/22/95	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Johnson for South Dakota 328 D Street, S.E. Washington, D.C. 20003	campaign contribution Disbursement for: Primary General Other (specify)	6/20/95	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Harkin 426 C Street, NE Washington, D.C. 20002	campaign contribution Disbursement for: Primary General Other (specify)	6/26/95	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Collin Peterson for Congress 311 6th Street, SE #2 Washington, D.C. 20003	campaign contribution Disbursement for: Primary General Other (specify)	6/26/95	500.00

SUBTOTAL of Disbursements This Page (optional) 9,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

(campaign contributions)

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

PAGE 5 OF 5

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 Earl Pomeroy for Congress 555 New Jersey Avenue, N.W. Washington, D.C. 20001	Purpose of Disbursement campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/27/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Scotty Baesler for Congress P.O. Box 2147 Lexington, KY 40595	Purpose of Disbursement campaign contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/28/95	Amount of Each Disbursement This Period 500.00
C. 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
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

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	27,000.00

FESAN086

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 7-14-95
☐	Registered/Certified Mail	POSTMARKED
☐	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

SG.

PREPARER

7-17-95

DATE PREPARED

FEC FORM 70-2 (12/92)

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