

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CROP INSURANCE REINSURANCE BUREAU (CIRB)-PAC

ADDRESS (number and street) 440 1st Street NW
 (Check if address is changed) Suite 500
WASHINGTON DC 20001
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) mtorrey@torreydc.com

Optional Second E-Mail Address sbutler@torreydc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) cropinsurance.org

2. DATE 10 / 16 / 2014

3. FEC IDENTIFICATION NUMBER C C00150805

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael K Torrey

Signature of Treasurer Michael K Torrey [Electronically Filed] Date 10 / 16 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.