

**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)

**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Full Name (Last, First, Middle Initial)

**A. RALPH ABRAHAM FOR CONGRESS**

Mailing Address PO BOX 14062

City MONROE State LA Zip Code 71207

Purpose of Disbursement  
FARM PAC JFC Memo

Candidate Name

**DR RALPH ABRAHAM JR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

**Transaction ID : SB23.4917.0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. RICK W. ALLEN FOR CONGRESS**

Mailing Address PO BOX 338

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement  
FARM PAC JFC Memo

Candidate Name

**RICK ALLEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

**Transaction ID : SB23.4917.1**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. EMMER FOR CONGRESS**

Mailing Address PO BOX 998

City ANOKA State MN Zip Code 55303

Purpose of Disbursement  
FARM PAC JFC Memo

Candidate Name

**THOMAS EARL JR EMMER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

**Transaction ID : SB23.4917.2**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**[MEMO ITEM]**

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

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

0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
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