

# 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

CropLife America POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1156 15TH STREET NW SUITE 400

Check if different than previously reported. (ACC)

WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER ▼** C00248849 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015

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 Jay Vroom

Signature of Treasurer Jay Vroom *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CropLife America POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="87548.62"/>	<input type="text" value="87548.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="91793.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14740.00"/>	<input type="text" value="26985.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106533.62"/>	<input type="text" value="114533.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15250.00"/>	<input type="text" value="23250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="91283.62"/>	<input type="text" value="91283.62"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**CropLife America POLITICAL ACTION COMMITTEE**

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).....	12250.00	24385.00
(ii) Unitemized .....	490.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12740.00	24985.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14740.00	26985.00
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))..... ▶	14740.00	26985.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14740.00	26985.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	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.....	15250.00	23250.00
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)) ..	15250.00	23250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15250.00	23250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14740.00	26985.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14740.00	26985.00
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: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**CropLife America POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Allen Greenwood**

Mailing Address 6202 Hillvale Pl

City Alexandria State VA Zip Code 22307-1141

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

Name of Employer: CropLife America Occupation: Exec Vice-President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 20 / 2015  
**Transaction ID : ABB8358D7F88148FF955**

Amount of Each Receipt this Period: 1000.00

Full Name (Last, First, Middle Initial)  
**B. Susanne Wasson**

Mailing Address 14021 Quarter Horse Ct

City Carmel State IN Zip Code 46032-7091

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

Name of Employer: Dow Agrosiences Occupation: Marketing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: 03 / 24 / 2015  
**Transaction ID : AE2AD250EB0BD45E4ADF**

Amount of Each Receipt this Period: 350.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Chris Payne**

Mailing Address 117 Ashley Ct

City Leesburg State GA Zip Code 31763-7215

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

Name of Employer: Chemnut Occupation: President & Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 24 / 2015  
**Transaction ID : A2B5FDFE551B43CCBB7**

Amount of Each Receipt this Period: 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00

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

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NAME OF COMMITTEE (In Full)  
**CropLife America POLITICAL ACTION COMMITTEE**

**A. William Culpepper III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3290 S US Hwy 421  
 City Zionsville State IN Zip Code 46077-8927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sepro Corporation Occupation President & Ceo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : AECB32E480C834C0490B**  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**B. Susanne Wasson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14021 Quarter Horse Ct  
 City Carmel State IN Zip Code 46032-7091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dow Agrosiences Occupation Marketing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : A0767CF2ABD524C44A9C**  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**C. Jay Vroom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1156 15th Street, NW  
 City Washington State DC Zip Code 20005-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Croplife America Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : A5C14288AABA94257A32**  
 Amount of Each Receipt this Period 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CropLife America POLITICAL ACTION COMMITTEE**

**A. David Tretter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 636 N Cache Ct  
 City Greeley State CO Zip Code 80634-9327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Crop Production Services, Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : AC027FD1C1B29409EA97**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Andrew Bodane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10705 Marabou Ct  
 City Raleigh State NC Zip Code 27614-9048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sipcamadvan.com Occupation Joint COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : AC051F5E254C9452490E**  
 Amount of Each Receipt this Period **1000.00**

**C. Eric Wintemute**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4695 MacArthur Ct 1200  
 City Newport Beach State CA Zip Code 92660-8859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amvac Chemical Corp Occupation Ceo  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : A047AD94579CD48F6AB0**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3000.00</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: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CropLife America POLITICAL ACTION COMMITTEE**

**A. Daniel Vradenburg**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Stow Lane

City Lafayette State CA Zip Code 94549-4710

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

Name of Employer Wilbur-ellis Co. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : A5C2D7FAE7F744CC9B37**

Amount of Each Receipt this Period 1000.00

**B. William Mealman**  
Full Name (Last, First, Middle Initial)

Mailing Address 11505 Brookwood Ave

City Leawood State KS Zip Code 66211-2911

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

Name of Employer Pbi-gordon Corp. Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : AD38E079825D9432C87B**

Amount of Each Receipt this Period 500.00

Contribution

**C. Donald Chew**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14090

City Kansas City State MO Zip Code 64101-0090

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

Name of Employer PBI/Gordon Corporation Occupation President & Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : A17A688C4CF3C4CA7AF8**

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 OF 15  
(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)  
**CropLife America POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**William Culpepper III**

Mailing Address 3290 S US Hwy 421

City Zionsville State IN Zip Code 46077-8927

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

Name of Employer Sepro Corporation Occupation President & Ceo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
 03 / 27 / 2015  
**Transaction ID : A7DC321BDE6484362A88**

Amount of Each Receipt this Period  
 900.00

**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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12250.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 11 OF 15	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**CropLife America POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Syngenta Corporation Political Action Co**

Mailing Address 1201 F STREET NW SUITE 875

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00363945

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	26	/	2015

**Transaction ID : AE241FEFADF2947B998E**

Amount of Each Receipt this Period  
2000.00

Contribution

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

# 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)  
**CropLife America POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James Austin Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : **BCA6E1220D0224ACDA1B**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### B. DEB FISCHER FOR US SENATE INC

Mailing Address 317 S 12TH

City LINCOLN State NE Zip Code 68508

Purpose of Disbursement  
Contribution

Candidate Name

**Debra S Fischer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

Transaction ID : **BACC75CBADA53484C96E**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### C. Adrian Smith For Congress

Mailing Address 3321 Avenue I  
Suite 6

City Scottsbluff State NE Zip Code 69361-4587

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Adrian Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

Transaction ID : **BD22CCF2197D6453E9DA**

Amount of Each Disbursement this Period

250.00
--------

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

5250.00
---------

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

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**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)  
**CropLife America POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jerry Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : **B8438CAEFAC6442A9AA**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BEN SASSE FOR US SENATE INC**

Mailing Address 105 EAST 6TH STREET

City FREMONT State NE Zip Code 68025

Purpose of Disbursement  
Contribution

Candidate Name

**Benjamin E Sasse**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : **B4AA45A000E444D01B84**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. RALPH ABRAHAM FOR CONGRESS**

Mailing Address P.O. BOX 270

City ARCHIBALD State LA Zip Code 71218

Purpose of Disbursement  
Contribution

Candidate Name

**Ralph Lee Abraham JR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : **BE09499D49A3B435FB08**

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)  
**CropLife America POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DELBENE FOR CONGRESS**

Mailing Address PO BOX 487

City **BOTHELL** State **WA** Zip Code **98041**

Purpose of Disbursement  
Contribution

Candidate Name

**Suzan K Delbene**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: **WA** District: **01**

Date of Disbursement

/  /

**Transaction ID : B08D25094F4BE4B05A23**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address 1050 17TH ST NW STE 590

City **WASHINGTON** State **DC** Zip Code **20036**

Purpose of Disbursement  
Contribution

Candidate Name

**Cheri Bustos**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: **IL** District: **17**

Date of Disbursement

/  /

**Transaction ID : BC297A46232F04432ADE**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Pat Roberts Victory Committee, The**

Mailing Address 610 S. Boulevard

City **Tampa** State **FL** Zip Code **33606**

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : B202669A820A84766A3B**

Amount of Each Disbursement this Period

Category/  
Type

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

**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)  
**CropLife America POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Portman For Senate Committee**

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : BF942461DB2F04B6B910**

Amount of Each Disbursement this Period

1000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00
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15250.00
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