

# 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**  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

ADDRESS (number and street) **ONE MASSACHUSETTS AVE NW SUITE 800**  
Check if different than previously reported. (ACC) **WASHINGTON DC 20001**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00172833** 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  07 01 2016 through  /  /  09 30 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 **McLeod, Michael, R.,**

Signature of Treasurer **McLeod, Michael, R.,** [Electronically Filed] Date  /  /  11 16 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

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="2016"/>	<input type="text" value="200037.96"/>	<input type="text" value="200037.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="221674.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19811.22"/>	<input type="text" value="117675.26"/>
(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="241485.22"/>	<input type="text" value="317713.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37000.00"/>	<input type="text" value="113228.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="204485.22"/>	<input type="text" value="204485.22"/>
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

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

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).....	12165.00	73080.00
(ii) Unitemized .....	7617.50	44514.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19782.50	117594.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19782.50	117594.50
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.).....	28.72	80.76
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)).....▶	19811.22	117675.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19811.22	117675.26

**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.....	37000.00	113200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	28.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	37000.00	113228.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	113228.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	19782.50	117594.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19782.50	117594.50
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 23
<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

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 (AACI PAC)**

**A. Allison, Mark A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4285 Cross Creek Ct  
 City Liberty Township State OH Zip Code 46011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Ins Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2016  
**Transaction ID : SA11AI.8310**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Baumgart, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 North Kings Highway  
 City Cape Girardeau State MO Zip Code 62701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversified Services Occupation (for Individual) Regional Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016  
**Transaction ID : SA11AI.8319**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Bennett, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14106 Fox Hills Road  
 City Bloomington State IL Zip Code 61705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hudson Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2016  
**Transaction ID : SA11AI.8308**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<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 7 OF 23
	<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)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. Biewer, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 Plum Tree Rd  
 City Hickson State ND Zip Code 58047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Insurance Co. Occupation (for Individual) Asst VP-Fargo Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 07 / 2016  
**Transaction ID : SA11AI.8301**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**B. Boyd, Melinda M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 32  
 City Kahlotus State WA Zip Code 99335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rain & Hail Ins Co Occupation (for Individual) Crop insurance adjuster  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.8325**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**C. Brinkman, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6860 Herron Drive  
 City Cass City State MI Zip Code 48726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Ins Co Occupation (for Individual) Claims supervisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.8323**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	915.00
<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 23
	<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)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. Coday, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2070 South Stagecoach Dr  
 City Overland Park State KS Zip Code 66062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hudson Insurance Co. Occupation (for Individual) Finance Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2016  
**Transaction ID : SA11AI.8306**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Davis, Timothy A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12057 Hayes Lane  
 City Overland Park State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hudson Insurance Group Occupation (for Individual) Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : SA11AI.8304**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dow, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1527 Dogwood Rd  
 City Xenia State IL Zip Code 62899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Producers Ag Occupation (for Individual) Compliance Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 995.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : SA11AI.8303**  
 Amount of Each Receipt this Period 995.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1745.00
<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 9 OF 23
<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)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. Erb, Benjamin R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Broadway St, #1102  
 City Cincinnati State OH Zip Code 45202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Insurance Co. Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2016  
**Transaction ID : SA11AI.8311**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Glasgow, Burr, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3605 N. Twelve Oaks Dr  
 City Peoria State IL Zip Code 61604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Insurance Occupation (for Individual) AUP Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.8305**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Graeve, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1422 2400 Street  
 City Manilla State IA Zip Code 51454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Insurance Co. Occupation (for Individual) Marketing Rep  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.8300**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 10 OF 23
	<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)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. Heitman, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 8628

City Woodland	State CA	Zip Code 95695
------------------	-------------	-------------------

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

Name of Employer (for Individual) California Crop Ins Svcs	Occupation (for Individual) Executive VP
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 08 / 02 / 2016  
**Transaction ID : SA11AI.8307**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Kirksey, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 Petrus Circle

City West Monroe	State LA	Zip Code 71291
---------------------	-------------	-------------------

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

Name of Employer (for Individual) The Kirksey Agency, Inc.	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 08 / 16 / 2016  
**Transaction ID : SA11AI.8313**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Leighton, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4404 Lynhurst Rd

City Springfield	State IL	Zip Code 62711
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversified Insurance Svcs	Occupation (for Individual) General Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 09 / 27 / 2016  
**Transaction ID : SA11AI.8318**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 11 OF 23
<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)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. Love, Kale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1829 West Austin Dr  
 City Peoria State IL Zip Code 61614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Insurance Co. Occupation (for Individual) Marketing Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : SA11AI.8315**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Perry, Warren Dale, , , II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Cape Cod Circle  
 City Crittenden State KY Zip Code 41030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Insurance Co. Occupation (for Individual) Marketing manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : SA11AI.8317**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Roberts, Harold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 Beaver Brook Rd  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACE Agribusiness Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 08 / 2016  
**Transaction ID : SA11AI.8316**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 12 OF 23
	<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)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. Swaney, George R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20425 Clark Rd  
 City Holton State KS Zip Code 66436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hudson Insurance Group Occupation (for Individual) Adjuster  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : SA11AI.8302**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Twietmeyer, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Ludlow Road  
 City Yardley State PA Zip Code 19067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACE USA Occupation (for Individual) Insurance broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : SA11AI.8314**  
 Amount of Each Receipt this Period 405.00  
 Memo Item

**C. Weaver, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1682 Bingham Circle  
 City Hebron State KY Zip Code 41048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Ins Occupation (for Individual) Divisional AUP-Claims  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2016  
**Transaction ID : SA11AI.8312**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1155.00
<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 13 OF 23
	<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)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. Whitehead, Larry D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 Cedar Rd  
 City Stephenville State TX Zip Code 76401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 80 Proof Band LLC Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2016  
**Transaction ID : SA11AI.8309**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Zignego, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2763 27th Avenue  
 City Wilson State WI Zip Code 54027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Ins Co Occupation (for Individual) Crop claim supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2016  
**Transaction ID : SA11AI.8324**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	12165.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

**A. KEVIN MCCARTHY FOR CONGRESS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 12667  
 City BAKERSFIELD State CA Zip Code 93389  
 FEC ID number of contributing federal political committee. **C** C00420935  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA16.8298**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 refund of overcontribution made in error

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

**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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. ADRIAN SMITH FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2016

Mailing Address 3321 avenue I suite 6  
SUITE 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement

FEC Identification Number

**C** C00412890

**Transaction ID : SB23.8265**

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

**SMITH, ADRIAN, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Full Name (Last, First, Middle Initial)

**B. BOOZMAN FOR ARKANSAS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement

FEC Identification Number

**C** S0AR00150

**Transaction ID : SB23.8281**

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

**BOOZMAN, JOHN, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

Full Name (Last, First, Middle Initial)

**C. BOOZMAN FOR ARKANSAS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement

FEC Identification Number

**C** S0AR00150

**Transaction ID : SB23.8282**

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

**BOOZMAN, JOHN, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

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

5000.00

**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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. BOOZMAN FOR ARKANSAS**

Mailing Address PO BOX 671

City  
ROGERS

State  
AR

Zip Code  
72757

Purpose of Disbursement

Candidate Name

**BOOZMAN, JOHN, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: AR

District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

**C** S0AR00150

**Transaction ID : SB23.8283**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC**

Mailing Address 110 W LOUISIANA AVENUE  
SUITE 312

City  
MIDLAND

State  
TX

Zip Code  
79701

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

**C** C00409458

**Transaction ID : SB23.8292**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City  
BISMARCK

State  
ND

Zip Code  
58502

Purpose of Disbursement

Candidate Name

**CRAMER, KEVIN MR., , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: ND

District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2016

FEC Identification Number

**C** C00504704

**Transaction ID : SB23.8273**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. EMMER FOR CONGRESS**

Mailing Address PO BOX 998

City  
ANOKA

State  
MN

Zip Code  
55303

Purpose of Disbursement

Candidate Name

**EMMER, THOMAS EARL JR., , ,**

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	7		1	4		2	0	1	6

FEC Identification Number

**C** C00545749

**Transaction ID : SB23.8266**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City  
EAST MOLINE

State  
IL

Zip Code  
61244

Purpose of Disbursement

Candidate Name

**BUSTOS, CHERI, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	6

FEC Identification Number

**C** C00498568

**Transaction ID : SB23.8277**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF GLENN THOMPSON**

Mailing Address PO BOX 1112

City  
STATE COLLEGE

State  
PA

Zip Code  
16804

Purpose of Disbursement

Candidate Name

**THOMPSON, GLENN MR., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	6

FEC Identification Number

**C** C00444620

**Transaction ID : SB23.8291**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

4	0	0	0	0	0
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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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. GIBBS FOR CONGRESS**

Mailing Address 6992 TR 466

City  
LAKEVILLE

State  
OH

Zip Code  
44638

Purpose of Disbursement

Candidate Name

**GIBBS, ROBERT BRIAN MR., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	6

FEC Identification Number

**C** C00466516

**Transaction ID : SB23.8270**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRASSLEY HAWKEYE FUND**

Mailing Address PO BOX 25132

City  
ST PAUL

State  
MN

Zip Code  
55125

Purpose of Disbursement

Candidate Name

**GRASSLEY, CHARLES E SENATOR, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

**C** S0IA00028

**Transaction ID : SB23.8274**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRASSLEY HAWKEYE FUND**

Mailing Address PO BOX 25132

City  
ST PAUL

State  
MN

Zip Code  
55125

Purpose of Disbursement

Candidate Name

**GRASSLEY, CHARLES E SENATOR, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

**C** S0IA00028

**Transaction ID : SB23.8276**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

5000.00

**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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. HOEVEN FOR SENATE**

Mailing Address PO BOX 861

City  
BISMARCK

State  
ND

Zip Code  
58502

Purpose of Disbursement

Candidate Name

**HOEVEN, JOHN, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2016

FEC Identification Number

**C** C00473371

**Transaction ID : SB23.8267**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JIM COSTA FOR CONGRESS**

Mailing Address 2037 W Bullard Avenue  
# 355

City  
Fresno

State  
CA

Zip Code  
93711

Purpose of Disbursement

Candidate Name

**COSTA, JIM MR., , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify)

State: CA District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

**C** C00391029

**Transaction ID : SB23.8289**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KELLY FOR CONGRESS**

Mailing Address 5221-A CLIFF GOOKIN BLVD

City  
TUPELO

State  
MS

Zip Code  
38801

Purpose of Disbursement

Candidate Name

**KELLY, JOHN TRENT, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2016

Primary  General  
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2016

FEC Identification Number

**C** C00573980

**Transaction ID : SB23.8288**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5500.00

**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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. KELLY FOR CONGRESS**

Mailing Address 5221-A CLIFF GOOKIN BLVD

City  
TUPELO

State  
MS

Zip Code  
38801

Purpose of Disbursement

Candidate Name

**KELLY, JOHN TRENT, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C** C00573980

**Transaction ID : SB23.8338**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City  
BAKERSFIELD

State  
CA

Zip Code  
93389

Purpose of Disbursement

Candidate Name

**MCCARTHY, KEVIN, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CA District: 23

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C** C00420935

**Transaction ID : SB23.8271**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCONNELL FOR MAJORITY LEADER COMMITTEE**

Mailing Address 228 S WASHINGTON ST STE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement

Candidate Name

**MCCONNELL, MITCH, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	6		

FEC Identification Number

**C** C00548651

**Transaction ID : SB23.8269**

Amount of Each Disbursement this Period

1000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. MIKE ROGERS FOR CONGRESS**

Mailing Address 123 EAST 13TH STREET

City Anniston State AL Zip Code 36201

Purpose of Disbursement

Candidate Name

**ROGERS, MICHAEL, , ,**

Office Sought:  House  Senate  President  
State: AL District: 03

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** C00367862

**Transaction ID : SB23.8272**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MORAN FOR KANSAS**

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

Candidate Name

**MORAN, JERRY, , ,**

Office Sought:  House  Senate  President  
State: KS District: 01

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2016

FEC Identification Number

**C** C00312090

**Transaction ID : SB23.8268**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PALAZZO FOR CONGRESS**

Mailing Address 13155 HIGHWAY 67 SUITE B

City BILOXI State MS Zip Code 39532

Purpose of Disbursement

Candidate Name

**PALAZZO, STEVEN MCCARTY, , ,**

Office Sought:  House  Senate  President  
State: MS District: 04

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

**C** HOMS04120

**Transaction ID : SB23.8297**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

**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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. RALPH ABRAHAM FOR CONGRESS**

Mailing Address P.O. BOX 14062

City  
MONROE

State  
LA

Zip Code  
71207

Purpose of Disbursement

Candidate Name

**ABRAHAM, RALPH LEE DR. JR., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2016

FEC Identification Number

**C** H4LA05221

**Transaction ID : SB23.8278**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**

Mailing Address 1519 Washington Street  
2nd Floor Suite 200

City  
Laredo

State  
TX

Zip Code  
78042

Purpose of Disbursement

Candidate Name

**CUELLAR, HENRY R., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

**C** C00371302

**Transaction ID : SB23.8294**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM WALZ FOR US CONGRESS**

Mailing Address PO Box 938

City  
Mankato

State  
MN

Zip Code  
56002

Purpose of Disbursement

Candidate Name

**WALZ, TIMOTHY J., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

FEC Identification Number

**C** C00409409

**Transaction ID : SB23.8287**

Amount of Each Disbursement this Period

1000.00
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Memo Item

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

3000.00
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**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"/> 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)

**AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**

Full Name (Last, First, Middle Initial)

**A. VALADAO FOR CONGRESS**

Mailing Address 504 VAN NESS

City  
FRESNO

State  
CA

Zip Code  
93721

Purpose of Disbursement

Category/  
Type

Candidate Name

**VALADAO, DAVID, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2016

FEC Identification Number

**Transaction ID : SB23.8286**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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