

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Rain and Hail Insurance Society Political Action Committee

ADDRESS (number and street) 9200 Northpark Drive  
Suite 300  
 Check if different than previously reported. (ACC)  
Johnston IA 50131

2. **FEC IDENTIFICATION NUMBER** C00279505  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
**CITY** **STATE** **ZIP CODE**

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 Quarterly 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 (12G)  
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 2009 through 12 31 2009

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 Ryan Miller

Signature of Treasurer Electronically Filed by Ryan Miller Date 01 27 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Rain and Hail Insurance Society Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		160406.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	198968.00									
(c) Total Receipts (from Line 19) .....	4255.00	98956.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	203223.00	259362.00								
7. Total Disbursements (from Line 31) .....	50500.00	106639.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	152723.00	152723.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Rain and Hail Insurance Society 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) .....	2640.00	42342.00
(ii) Unitemized .....	1380.00	56142.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4020.00	98484.00
(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) .....	4020.00	98484.00
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.) .....	235.00	472.00
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 Transfer (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)) .....	4255.00	98956.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4255.00	98956.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	50500.00	106000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	639.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	50500.00	106639.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50500.00	106639.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4020.00	98484.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4020.00	98484.00
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 / 20
	<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)  
Rain and Hail Insurance Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) David Bergman		Date of Receipt MM / DD / YYYY 09 / 09 / 2009
	Mailing Address P.O. Box 66		<b>Transaction ID:</b> SA11AI.6371
	City Forman	State ND	Zip Code 58032
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 650.00
	Name of Employer Farmers Union Insurance	Occupation Agent	Aggregate Year-to-Date 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Demaine		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address P.O. Box 64		<b>Transaction ID:</b> SA11AI.6453
	City Munich	State ND	Zip Code 58352
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 995.00
	Name of Employer Northland Insurance Agency	Occupation Agent	Aggregate Year-to-Date 1135.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ray Reents		Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 410 4th Street P.O. Box 10		<b>Transaction ID:</b> SA11AI.6369
	City Burlington	State CO	Zip Code 80807
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Reents Agency, Inc.	Occupation Agent	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2145.00
<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:		PAGE 7 / 20	
	(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"/> 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)  
Rain and Hail Insurance Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce Rubida		Date of Receipt	
	Mailing Address 32753 478 Avenue		M M / D D / Y Y Y Y 07 / 15 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6368
	Elk Point	SD	57025	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		495.00	
Name of Employer Rubida Insurance		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 495.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	495.00
<b>TOTAL</b> This Period (last page this line number only) .....	2640.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20  
(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Rain and Hail Insurance Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
West Des Moines State Bank

Mailing Address P.O. Box 65020

City State Zip Code  
West Des Moines IA 50265-0020

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA17.6361

Amount of Each Receipt this Period  
43.00

Interest Income

**B.**

Full Name (Last, First, Middle Initial)  
West Des Moines State Bank

Mailing Address P.O. Box 65020

City State Zip Code  
West Des Moines IA 50265-0020

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2009

**Transaction ID:** SA17.6362

Amount of Each Receipt this Period  
42.00

Interest Income

**C.**

Full Name (Last, First, Middle Initial)  
West Des Moines State Bank

Mailing Address P.O. Box 65020

City State Zip Code  
West Des Moines IA 50265-0020

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
362.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA17.6363

Amount of Each Receipt this Period  
40.00

Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**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 9 / 20  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Rain and Hail Insurance Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
West Des Moines State Bank

Mailing Address P.O. Box 65020

City State Zip Code  
West Des Moines IA 50265-0020

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
401.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2009

**Transaction ID:** SA17.6364

Amount of Each Receipt this Period  
39.00

Interest Income

**B.** Full Name (Last, First, Middle Initial)  
West Des Moines State Bank

Mailing Address P.O. Box 65020

City State Zip Code  
West Des Moines IA 50265-0020

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
438.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA17.6365

Amount of Each Receipt this Period  
37.00

Interest Income

**C.** Full Name (Last, First, Middle Initial)  
West Des Moines State Bank

Mailing Address P.O. Box 65020

City State Zip Code  
West Des Moines IA 50265-0020

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
472.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** SA17.6448

Amount of Each Receipt this Period  
34.00

Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

**TOTAL** This Period (last page this line number only) ..... ► **235.00**

# 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)  
Rain and Hail Insurance Society Political Action Committee

A.	Full Name (Last, First, Middle Initial) AACI PAC	Transaction ID: SB23.6421 Date of Disbursement
	Mailing Address One Massachusetts Avenue Suite 800	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$5,000 YTD	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bocchieri for Congress	Transaction ID: SB23.6426 Date of Disbursement
	Mailing Address P.O. Box 20535	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Canton State OH Zip Code 44701	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$500 YTD	<input type="text" value="500.00"/>
	Candidate Name John Bocchieri	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Boswell for Congress	Transaction ID: SB23.6454 Date of Disbursement
	Mailing Address P.O. Box 6220	<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$10,000 YTD	<input type="text" value="4000.00"/>
	Candidate Name Leonard Boswell	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
Rain and Hail Insurance Society Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bright for Congress Mailing Address P.O. Box 2106 City Montgomery State AL Zip Code 36102 Purpose of Disbursement Political Contribution; \$500 YTD Candidate Name Bobby Bright Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6430 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Conaway for Congress Mailing Address P.O. Box 1605 City Alexandria State VA Zip Code 22313 Purpose of Disbursement Political Contribution; \$2,000 YTD Candidate Name Mike Conaway Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6443 Date of Disbursement 07 / 22 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Deborah Halvorson for Congress Mailing Address P.O. Box 176 City Crete State IL Zip Code 60417 Purpose of Disbursement Political Contribution; \$500 YTD Candidate Name Debbie Halvorson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6435 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

**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)  
Rain and Hail Insurance Society Political Action Committee

A.	Full Name (Last, First, Middle Initial) Eisenhower PAC  Mailing Address 2116 Inverness Drive  City Lawrence State KS Zip Code 66047  Purpose of Disbursement Political Contribution; \$2,500 YTD Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6411 Date of Disbursement 11 / 20 / 2009  Amount of Each Disbursement this Period 2500.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Etheridge for Congress  Mailing Address P.O. Box 28001  City Raleigh State NC Zip Code 27611  Purpose of Disbursement Political Contribution; \$2,000 YTD Candidate Name Bob Etheridge  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6440 Date of Disbursement 08 / 05 / 2009  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln  Mailing Address 303 Massachusetts Avenue N.E.  City Washington State DC Zip Code 20002  Purpose of Disbursement Political Contribution; \$6,000 YTD Candidate Name Blanche Lincoln  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6420 Date of Disbursement 10 / 20 / 2009  Amount of Each Disbursement this Period 1000.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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)  
Rain and Hail Insurance Society Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: SB23.6419 Date of Disbursement
	Mailing Address 124 West Capitol, Suite 1630	<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Little Rock State AR Zip Code 72201	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$7,000 YTD Candidate Name Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type <input type="text" value="1000.00"/>

B.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: SB23.6446 Date of Disbursement
	Mailing Address 124 West Capitol, Suite 1630	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Little Rock State AR Zip Code 72201	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$8,000 YTD Candidate Name Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type <input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Friends of Jack Kingston	Transaction ID: SB23.6414 Date of Disbursement
	Mailing Address P.O. Box 2133	<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Savannah State GA Zip Code 31402	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$2,500 YTD Candidate Name Jack Kingston Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
Rain and Hail Insurance Society Political Action Committee

A.	Full Name (Last, First, Middle Initial) Graves for Congress	Transaction ID: SB23.6412 Date of Disbursement
	Mailing Address 700 12th St. N.W. Suite 700	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$4,000 YTD	<input type="text" value="1000.00"/>
	Candidate Name Sam Graves	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathy Dahlkemper for Congress	Transaction ID: SB23.6434 Date of Disbursement
	Mailing Address P.O. Box 1045	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Erie State PA Zip Code 16512	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$500 YTD	<input type="text" value="500.00"/>
	Candidate Name Kathy Dahlkemper	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kissell for Congress	Transaction ID: SB23.6427 Date of Disbursement
	Mailing Address 501 Capitol Court N.E. Suite 100	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$500 YTD	<input type="text" value="500.00"/>
	Candidate Name Larry Kissell	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Rain and Hail Insurance Society Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kurt Schrader for Congress</p> <p>Mailing Address 2236 Southeast 10th Avenue Suite 240</p> <p>City Portland State OR Zip Code 97215</p> <p>Purpose of Disbursement Political Contribution; \$500 YTD</p> <p>Candidate Name Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6436</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lincoln Davis for Congress</p> <p>Mailing Address 236 Massachusetts Ave., N.E. #603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Political Contribution; \$1,000 YTD</p> <p>Candidate Name Lincoln Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6445</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Markey for Congress</p> <p>Mailing Address P.O. Box 1333</p> <p>City Fort Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement Political Contribution; \$500 YTD</p> <p>Candidate Name Betsy Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6429</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> 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)  
Rain and Hail Insurance Society Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Massa for Congress <hr/> Mailing Address 60 East Market Street Suite 244 <hr/> City Corning State NY Zip Code 14830 <hr/> Purpose of Disbursement Political Contribution; \$500 YTD <hr/> Candidate Name Eric Massa <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6431 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29

<b>B.</b> Full Name (Last, First, Middle Initial) Minnick for Congress <hr/> Mailing Address P.O. Box 288 <hr/> City Meridan State ID Zip Code 83642 <hr/> Purpose of Disbursement Political Contribution; \$500 YTD <hr/> Candidate Name Walt Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6425 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01

<b>C.</b> Full Name (Last, First, Middle Initial) Nelson 2012 <hr/> Mailing Address P.O. Box 8666 <hr/> City Omaha State NE Zip Code 68108 <hr/> Purpose of Disbursement Political Contribution; \$5,000 YTD <hr/> Candidate Name Ben Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6437 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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)  
Rain and Hail Insurance Society Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pomeroy for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Political Contribution; \$7,000 YTD</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6444</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pomeroy for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Political Contribution; \$8,000 YTD</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6439</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rain and Hail L.L.C.</p> <p>Mailing Address 9200 Northpark Drive</p> <p>City Johnston State IA Zip Code 50131</p> <p>Purpose of Disbursement In-Kind; fundraiser meeting room for Grassley</p> <p>Candidate Name Charles Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6417</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>003 Category/ Type</p>

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

2100.00

**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)  
Rain and Hail Insurance Society Political Action Committee

A.	Full Name (Last, First, Middle Initial) Roberts for Senate	Transaction ID: SB23.6442 Date of Disbursement
	Mailing Address P.O. Box 1495	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$2,000 YTD	<input type="text" value="1000.00"/>
	Candidate Name Pat Roberts	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Schauer for Congress	Transaction ID: SB23.6428 Date of Disbursement
	Mailing Address P.O. Box 100	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Battle Creek State MI Zip Code 49016	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$500 YTD	<input type="text" value="500.00"/>
	Candidate Name Mark Schauer	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Scott Murphy for Congress	Transaction ID: SB23.6424 Date of Disbursement
	Mailing Address 615 Glenn Street	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Glens Falls State NY Zip Code 12801	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution; \$500 YTD	<input type="text" value="500.00"/>
	Candidate Name Scott Murphy	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Rain and Hail Insurance Society Political Action Committee

A.	Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate  Mailing Address 426 C. Street N.E.  City Washington State DC Zip Code 20002  Purpose of Disbursement Political Contribution; \$5,000 YTD Candidate Name Debbie Stabenow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6413 Date of Disbursement 11 / 18 / 2009	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for South Dakota  Mailing Address P.O. Box 75214  City Washington State DC Zip Code 20013  Purpose of Disbursement Political Contribution; \$3,000 YTD Candidate Name Stephanie Herseth Sandlin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6410 Date of Disbursement 11 / 30 / 2009	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) The Grassley Committee, Inc.  Mailing Address P.O. Box 1000  City Des Moines State IA Zip Code 50304  Purpose of Disbursement Political Contribution; \$8,000 YTD Candidate Name Charles Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6415 Date of Disbursement 11 / 11 / 2009	Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 20 / 20

<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)

Rain and Hail Insurance Society Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Grassley Committee, Inc.

Mailing Address P.O. Box 1000

City  
Des Moines

State  
IA

Zip Code  
50304

Purpose of Disbursement  
Political Contribution; \$8,000 YTD

Candidate Name  
Charles Grassley

Office Sought:  House  
 Senate  
 President

State: IA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6416

Date of Disbursement

11 / 11 / 2009

Amount of Each Disbursement this Period

2900.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

2900.00

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

50500.00