

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 31 12 49 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00172833 060297 P 266
MICHAEL R MCLEOD
AMERICAN ASSOCIATION OF CROP I
NSURERS POLITICAL ACTION COMMI
ONE MASSACHUSETTS AVE NW SUITE
WASHINGTON DC 20001

2. FEC IDENTIFICATION NUMBER
C 00172833
3. This committee has qualified as a multicandidate
committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period: 1/1/97 through 6/30/97		
6. (a) Cash on Hand January 1, 1997		\$ 38,309.58
(b) Cash on Hand at Beginning of Reporting Period	\$ 38,309.58	
(c) Total Receipts (from Line 19)	\$ 17,773.29	\$ 17,773.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(A) and 6(c) for Column B)	\$ 56,082.87	\$ 56,082.87
7. Total Disbursements (from Line 30)	\$ 31,213.19	\$ 31,213.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 24,869.68	\$ 24,869.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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

Michael R. McLeod

Signature of Treasurer

Michael R. McLeod

Date:

7/24/97

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

FEC FORM 3X

(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE A- American Association of Crop Insurers		REPORT COVERING PERIOD FROM 1/1/97 TO 6/30/97	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		\$ 2,325.00	\$ 2,325.00
ii. Unitemized		14,890.00	14,890.00
iii. Total (add i and ii) >		17,215.00	17,215.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) >		17,215.00	17,215.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		558.29	558.29
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		17,773.29	17,773.29
20. Total Federal Receipts (subtract line 18 from line 19) >		17,773.29	17,773.29
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures (in-kind)		2,798.19	2,798.19
c. Total Operating Expenditures (add a i, a ii, and b) >		2,798.19	2,798.19
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		28,000.00	28,000.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		415.00	415.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		31,213.19	31,213.19
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		31,213.19	31,213.19
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from line 11d		17,215.00	17,215.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		17,215.00	17,215.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		2,798.19	2,798.19
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		20,013.19	20,013.19

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11.a.i.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Bickett RR 1, Box 16 Ramona, SD 57054	North Central Crop Insurance	4/25/97	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Supervisor	5/8/97	105.00
	Aggregate Year-to-Date > \$ 325.00	11/28/97	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Max Claybaker 16018 W. Doolin Avenue Blackwell, OK 74631	Claybaker Crop Ins.	4/25/97	\$700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President		
	Aggregate Year-to-Date > \$ 700.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carolyn P. Drake P.O. Box 347 Coushatta, LA 71019	Drake Insurance Agency	4/25/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Dale Goen 102 E. California Flowerdada, TX 79235	Goen & Goen	1/28/97	\$95.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	6/9/97	200.00
	Aggregate Year-to-Date > \$ 295.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas P. Gowdy 6040 Nottingham Johnston, IA 50131	IGF Insurance	3/7/97	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. V.P. - Marketing		
	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol Sorvik 2882 106th St. Des Moines, IA 50322	IGF Insurance	4/25/97	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Secretary		
	Aggregate Year-to-Date > \$ 225.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$2,325.00

SCHEDULE A

ITEMIZED RECEIPTS
(bank interest)

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code

Burke & Herbert Bank & Trust Co.
Alexandria, VA
(checking account interest)

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

1/31/97

\$ 47.48

2/28/97

48.23

Occupation

3/31/97

50.02

3/30/97

38.59

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \$

B. Full Name, Mailing Address and ZIP Code

A. (cont'd)

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

5/31/97

42.60

6/30/97

35.75

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \$ 262.67

C. Full Name, Mailing Address and ZIP Code

Burke & Herbert Bank & Trust Co.
Alexandria, VA
(CD interest)

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

6/23/97

\$295.62

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \$ 295.62

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page, this line number only)

\$558.29

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marion Berry for Congress 321 D Street, N.E., Suite 300 Washington, DC 20002	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Brownback for U.S. Senate P.O. Box 2008 Topeka, KS 66601	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/97	500.00
C. Full Name, Mailing Address and ZIP Code Grassley Committee, Inc. 4010 Franconia Road Alexandria, VA 22310-2136	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/97	1,000.00
D. Full Name, Mailing Address and ZIP Code Dooley for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/97	500.00
E. Full Name, Mailing Address and ZIP Code Condit for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/97	500.00
F. Full Name, Mailing Address and ZIP Code McIntosh for Congress P.O. Box 2424 Muncie, IN 47307	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/97	500.00
G. Full Name, Mailing Address and ZIP Code Nussle for Congress Comm. 4010 Franconia Road Alexandria, VA 22310-2136	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/3/97	500.00
H. Full Name, Mailing Address and ZIP Code Richard Pombo for Congress P.O. Box 16021 Alexandria, VA 22302	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	500.00
I. Full Name, Mailing Address and ZIP Code Latham for Congress Comm. 4010 Franconia Road Alexandria, VA 22310-2136	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/97	500.00

SUBTOTAL of Disbursements This Page (optional)

\$5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5

FOR LINE NUMBER 7

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Berry for Congress Committee 321 D St., N.E., Suite 300 Washington, DC 20002	'96 Campaign Debt Retirement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Ewing for Congress P.O. Box 766 Pontiac, IL 61764	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/12/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Frank Lucas for Congress Comm. 4010 Franconia Road Alexandria, VA 22310-2136	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/12/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Friends of Tim Holden 5501 Cherokee Ave., Suite 112 Alexandria, VA 22312	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/13/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Skeen for Congress 2233 Wisconsin Ave., N.W., Suite 500 Washington, DC 20007	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/18/97	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Friends of Byron Dorgan 420 C Street, N.E., Lower Level Washington, DC 20002	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/19/97	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Peterson for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/15/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code The Comm. to Elect Mike McIntyre for Congress P.O. Box 1, Lumberton, NC 28358	Purpose of Disbursement Debt retirement of primary runoff Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/15/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Walsh for Congress Comm. P.O. Box 1974 Syracuse, NY 13201	Purpose of Disbursement Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/16/97	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 7

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Harkin 426 C Street, N.E. Washington, DC 20002	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A Lot of People Supporting Tom Daschle 424 C Street, N.E. Washington, DC 20002	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Moran for Congress c/o 811 Chetworth Place Alexandria, VA 22314	'98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/97	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bishop for Congress P.O. Box 6020 Albany, GA 31706	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/97	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coverdell Good Government Comm. 3091 Maple Dr., Suite 200 Atlanta, GA 30305	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/97	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson P.O. Box 16021 Alexandria, VA 22302	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/97	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mingo for Congress P.O. Box 71 Granite Falls, MN 56241	'98 Primary Campaign contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/97	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Santorun 2000 128 North Columbus Street Alexandria, VA 22314	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/97	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5
FOR LINE NUMBER 7

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Barrett Committee c/o Robb Austin P.O. Box 40175 Washington, DC 20016	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Thine for Congress c/o Kirk Harris 4451 Brookfield Corp. Drive, #200 Charlilly, VA 20151	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/97	500.00
C. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Comm. 10707 Corporate Drive, Suite 130 Stafford, TX 77477	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/97	1,000.00
D. Full Name, Mailing Address and ZIP Code D.C. Treasurer	PAC (state) tax on interest Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/97	115.00
E. Full Name, Mailing Address and ZIP Code Banke & Herbert Bank & Trust Co. Alexandria, VA	Federal PAC tax on interest Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/97	300.00
F. Full Name, Mailing Address and ZIP Code Stenholm for Congress Committee P.O. Box 5879 Abilene, TX 79608	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Bob Livingston 4010 Franconia Road Alexandria, VA 22310-2136	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of John Boehner P.O. Box 15189 Washington, DC 20003	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97	500.00
I. Full Name, Mailing Address and ZIP Code Kaptur for Congress P.O. Box 899 Toledo, OH 43697	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97	500.00

SUBTOTAL of Disbursements This Page (optional)

5,415.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER 7

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pickering for Congress 811 Chetworth Place Alexandria, VA 22314	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Nethercott for Congress 3001 Park Center Drive, Suite 1105 Alexandria, VA 22302	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/97	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Tim Holden 5501 Cherokee Avenue, Suite 112 Alexandria, VA 22312	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/97	500.00
D. Full Name, Mailing Address and ZIP Code Bob Etheridge for Congress Comm. P.O. Box 27646 Raleigh, NC 27611	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/97	500.00
E. Full Name, Mailing Address and ZIP Code 1997 Republican Senate House Dinner Comm. 425 Second St., N.E. Washington, DC 20002	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/97	1,500.00
F. Full Name, Mailing Address and ZIP Code Fazio for Congress P.O. Box 990 Washington, DC 20044	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Combest Congressional Comm. 383 S. Pickett Street Alexandria, VA 22304	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Marriott's Rancho Las Palmas Resort Palm Beach, California	Purpose of Disbursement (in-kind) catering costs - Harkin campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/97	2,798.19
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$8,298.19

TOTAL This Period (last page this line number only)

31,213.19

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-29-97
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>JMW</i> PREPARED	7-31-97 DATE PREPARED