

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

OCT 16 1 04 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>American Association of Crop Insurers Political Action Committee</b>		2. FEC IDENTIFICATION NUMBER <b>C 00172833</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>One Massachusetts Ave. NW #800</b>		
CITY, STATE and ZIP CODE <b>Washington, DC 20001</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1 M)		

## 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:

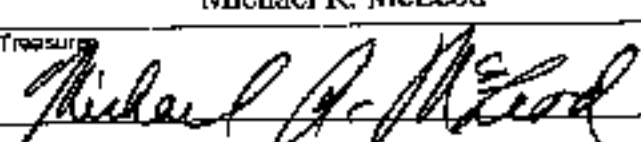
- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- 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 <u>July 1, 1998</u> through <u>September 30, 1998</u>			
6. (a)	Cash on Hand January 1, 1998		\$ 31,265.55
(b)	Cash on Hand at Beginning of Reporting Period	\$ 24,999.44	
(c)	Total Receipts (from Line 10)	\$ 2,696.05	\$ 26,875.41
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,695.49	\$ 58,140.96
7.	Total Disbursements (from Line 30)	\$ 6,368.66	\$ 36,814.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,326.83	\$ 21,326.83
9.	Debts and Obligations Owed TO 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 800-424-6530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 <b>Michael R. McLeod</b>	Date <b>October 14, 1998</b>
Signature of Treasurer 	

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 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
American Association of Crop Insurers Political Action Committee	FROM July 1, 1998	TO September 30, 1998	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) -----	-0-	2,945.00	11(a)(i)
ii. Unitemized -----	2,515.00	23,279.00	11(a)(ii)
iii. Total ----- (add i and ii) >	2,515.00	26,224.00	11(a)(iii)
b. Political Party -----	-0-	-0-	11(b)
c. Other Political Committees (such as PACs) -----	-0-	-0-	11(c)
d. Total Contributions ----- (add a ii, b and c) >	2,515.00	26,224.00	11(d)
12. Transfers From Affiliated/Other Party Committees -----	-0-	-0-	12
13. All Loans Received -----	-0-	-0-	13
14. Loan Repayments Received -----	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) -----	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees -----	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.) ----- (Interest)	187.05	651.41	17
18. Transfers from Nonfederal Account for Joint Activity -----	-0-	-0-	18
19. Total Receipts ----- (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,696.05	26,875.41	19
20. Total Federal Receipts ----- (subtract line 18 from line 19) >	2,696.05	26,875.41	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share -----	-0-	-0-	21(a)(i)
ii. Non-Federal Share -----	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditure -----	-0-	-0-	21(b)
c. Total Operating Expenditure ----- (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committee -----	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committee -----	6,362.66	36,464.73	23
24. Independent Expenditures (use Schedule E) -----	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) -----	-0-	-0-	25
26. Loan Repayments Made -----	-0-	-0-	26
27. Loans Made -----	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees -----	-0-	-0-	28(a)
b. Political Party Committee -----	-0-	-0-	28(b)
c. Other Political Committees (such as PACs) -----	-0-	-0-	28(c)
d. Total Contribution Refund ----- (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursement ----- (state tax on interest)	6.00	349.40	29
30. Total Disbursement ----- (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,368.66	36,814.13	30
31. Total Federal Disbursement ----- (subtract line 21 a ii from line 30) >	6,368.66	36,814.13	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d) -----	2,515.00	26,224.00	32
33. Total Contribution Refunds (from line 28d) -----	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from line 32) -----	2,515.00	26,224.00	34
35. Total Federal Operating Expenditure ----- (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15) -----	-0-	-0-	36
37. Net Operating Expenditure ----- (subtract line 36 from line 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 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

A. Full Name, Mailing Address and ZIP Code Burke & Herbert Bank & Trust Co. Alexandria, VA (interest)	Name of Employer  Occupation	Date (month, day, year) 7/30/98 8/31/98 9/30/98 9/30/98	Amount of Each Receipt this Period \$36.71 \$34.39 \$32.21 \$77.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) -----

\$181.05

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 1 OF 1  
FOR LINE NUMBER 23

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	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
Sanford D. Bishop Jr. for Congress Committee P.O. Box 909 Columbus, GA 31902		7/15/98	\$500.00
B. Full Name, Mailing Address and ZIP Code Thornberry for Congress P.O. Box 9392 Amarillo, TX 79105		7/20/98	\$500.00
C. Full Name, Mailing Address and ZIP Code Combest Congressional Committee 383 South Pickett St. Alexandria, VA 22304		7/30/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Barbara Boxer 11050 Santa Monica Blvd., #200 Los Angeles, CA 90025		7/31/98	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Walden for Congress (Greg) 2911 SW 4th Avenue Portland, OR 97201		9/9/98	\$500.00
F. Full Name, Mailing Address and ZIP Code Grassley Committee 425 Second St. NE Washington, DC 20002		9/17/98	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 20013-5214		9/25/98	\$500.00
H. Full Name, Mailing Address and ZIP Code Skeen for Congress 1510 Woodbine Street Alexandria, VA 22302		9/11/98	\$1,362.66
I. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Disbursements This Page (optional) ----- \$6,362.66

TOTAL This Period (last page this line number only) ----- \$6,362.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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	Purpose of Disbursement balance of tax on interest earned 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
D.C. Treasurer Washington, DC		8/12/98	\$6.00
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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
H. 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
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) ----- \$6.00

TOTAL This Period (last page this line number only) ----- \$6.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A Lot of People Supporting Tom Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	-MEMO- redesignation of disbursement from prior period Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98	\$1,000.00
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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
H. 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
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)	
TOTAL This Period (last page this line number only)	

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 10-14-98
<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
<input type="checkbox"/> Electronic Filing	
<i>Jmc</i> PREPARER	10-16-98 DATE PREPARED