

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Association of Crop Insurers PAC

ADDRESS (number and street) 701 8th St, N.W.  
Suite 500  
 Check if different than previously reported. (ACC) Washington DC 20001

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

C C00172833

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

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

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Graves, Scott, , ,

Type or Print Name of Treasurer

Signature of Treasurer Graves, Scott, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 0018

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Association of Crop Insurers PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		250507.7
(b) Cash on Hand at Beginning of Reporting Period.....	251378.1	
(c) Total Receipts (from Line 19) .....	7230.0	125065.0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	258608.1	375572.7
7. Total Disbursements (from Line 31).....	26524.2	143488.8
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	232083.9	232083.9
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Association of Crop Insurers PAC

Report Covering the Period: From: 09 / 01 / 2018 To: 09 / 30 / 2018

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).....	1450.0	69305.0
(ii) Unitemized .....	780.0	40760.0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2230.0	110065.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	5000.0	5000.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7230.0	115065.0
12. Transfers From Affiliated/Other Party Committees.....	0.0	0.0
13. All Loans Received .....	0.0	0.0
14. Loan Repayments Received.....	0.0	0.0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.0	0.0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.0	10000.0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.0	0.0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7230.0	125065.0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7230.0	125065.0

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	24.2	488.8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	24.2	488.8
22. Transfers to Affiliated/Other Party Committees.....	0.0	0.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.0	143000.0
24. Independent Expenditures (use Schedule E) .....	0.0	0.0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	0.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.0	0.0
29. Other Disbursements (Including Non-Federal Donations).....	0.0	0.0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26524.2	143488.8
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26524.2	143488.8

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7230.0	115065.0
34. Total Contribution Refunds (from Line 28(d)) .....	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7230.0	115065.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	24.2	488.8
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24.2	488.8

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 PAC**

**A. Leighton, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4404 Lynhurst Rd  
 City Springfield    State IL    Zip Code 62711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversified Insurance Svcs    Occupation (for Individual) General Manager  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.0

Date of Receipt 09 / 07 / 2018  
**Transaction ID : 1536324447804**  
 Amount of Each Receipt this Period 1200.0  
 Memo Item  
 Check

**B. Veenstra, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1242 145th St.  
 City Pella    State IA    Zip Code 50219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great American Crop Insurance    Occupation (for Individual) Claim Supervisor  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.0

Date of Receipt 09 / 27 / 2018  
**Transaction ID : 1538048061971**  
 Amount of Each Receipt this Period 250.0  
 Memo Item  
 Check

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1450.00

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

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

**A. Rain and Hail Insur. Society PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9200 Northpark Drive  
Suite 200

City Johnston State IA Zip Code 50131

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.0

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2018

**Transaction ID : 1537396778605**

Amount of Each Receipt this Period  
5000.0

Memo Item  
 Check

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address 10202 Perkins Rowe

City Baton Rouge State LA Zip Code 70810

Purpose of Disbursement  
PAC Merchant Fees

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 018  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15361830482!**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 10202 Perkins Rowe

City Baton Rouge State LA Zip Code 70810

Purpose of Disbursement  
PAC Merchant Fees

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15368507139!**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Anedot**

Mailing Address 10202 Perkins Rowe

City Baton Rouge State LA Zip Code 70810

Purpose of Disbursement  
PAC Merchant Fees

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15373572256**  
 Amount of Each Disbursement this Period

Memo Item

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

**A. Bill Flores for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement PAC Political Contribution

Candidate Name **Flores, Bill, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 17

Date of Disbursement: 09 / 05 / 2018

FEC Identification Number: C00472241  
**Transaction ID : 15361519303**  
Amount of Each Disbursement this Period: 1000.0

Memo Item

**B. Byrne for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement PAC Political Contribution

Candidate Name **Byrne, Bradley, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AL District: 01

Date of Disbursement: 09 / 17 / 2018

FEC Identification Number: C00545673  
**Transaction ID : 15372147644**  
Amount of Each Disbursement this Period: 1000.0

Memo Item

**C. Dan Newhouse for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 10949

City Yakima State WA Zip Code 98909

Purpose of Disbursement PAC Political Contribution

Candidate Name **Newhouse, Dan, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WA District: 04

Date of Disbursement: 09 / 05 / 2018

FEC Identification Number: C00559393  
**Transaction ID : 15361568514**  
Amount of Each Disbursement this Period: 2500.0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

Full Name (Last, First, Middle Initial) <b>A. David Rouzer for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address 442 E. Main St.		FEC Identification Number C C00501643 <b>Transaction ID : 15361602872</b>
City Clayton	State NC	Zip Code 27520
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>Rouzer, David, , ,</b>		Amount of Each Disbursement this Period 1000.0
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Doug LaMalfa Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2018
Mailing Address 2150 River Plaza Drive #150		FEC Identification Number C C00509422 <b>Transaction ID : 15380750944</b>
City Sacramento	State CA	Zip Code 95833
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>LaMalfa, Doug, , ,</b>		Amount of Each Disbursement this Period 1000.0
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Elise for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address P.O. Box 338		FEC Identification Number C C00547893 <b>Transaction ID : 15375614422</b>
City Willsboro	State NY	Zip Code 12996
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>Stefanik, Elise, , ,</b>		Amount of Each Disbursement this Period 1000.0
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 21	

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

**A. French Hill for Arkansas**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement  
PAC Political Contribution

Candidate Name  
**Hill, French, , ,**

Office Sought:  House  Senate  President  
State: AR District: 02

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 05 / 2018

FEC Identification Number: **C00551275**  
**Transaction ID : 15361526801!**  
Amount of Each Disbursement this Period: 1000.0

Memo Item

**B. Friends of Michael Guest**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 470

City Brandon State MS Zip Code 39043

Purpose of Disbursement  
PAC Political Contribution

Candidate Name  
**Guest, Michael, , ,**

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

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 25 / 2018

FEC Identification Number: **C00665752**  
**Transaction ID : 15379047399!**  
Amount of Each Disbursement this Period: 1000.0

Memo Item

**C. Greater Tomorrow PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 25452 Brickel Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement  
PAC Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 27 / 2018

FEC Identification Number: **C00526715**  
**Transaction ID : 15380770092**  
Amount of Each Disbursement this Period: 2500.0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

**A. HK Victory 2018**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 9891

City: Arlington State: VA Zip Code: 22219

Purpose of Disbursement: PAC Political Contribution  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2018

FEC Identification Number: C00688085  
Transaction ID : 15379032466  
Amount of Each Disbursement this Period: 1000.0

Category/Type: 011

Memo Item

**B. Randy Hultgren for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 39

City: Batavia State: IL Zip Code: 60510

Purpose of Disbursement: PAC Political Contribution  
Candidate Name: Hultgren, Randy, , ,

Office Sought:  House  Senate  President  
State: IL District: 14

Disbursement For: 2018  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2018

FEC Identification Number: C00467522  
Transaction ID : 15379033050  
Amount of Each Disbursement this Period: 500.0

Category/Type: 011

Memo Item

**C. Steve Knight for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 984

City: Willows State: CA Zip Code: 95988

Purpose of Disbursement: PAC Political Contribution  
Candidate Name: Knight, Steve, , ,

Office Sought:  House  Senate  President  
State: CA District: 25

Disbursement For: 2018  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2018

FEC Identification Number: C00554014  
Transaction ID : 15379033612  
Amount of Each Disbursement this Period: 500.0

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

Full Name (Last, First, Middle Initial) <b>A. Katko for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address 5407 Anvil Drive		FEC Identification Number C00556365 <b>Transaction ID : 15375621489</b>
City Camillus	State NY	Zip Code 13031
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>Katko, John, , ,</b>		Amount of Each Disbursement this Period 1000.0
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 24	

Full Name (Last, First, Middle Initial) <b>B. King for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 126 N. Des Moines Street PO Box 576		FEC Identification Number C00373563 <b>Transaction ID : 15379685988</b>
City Odebolt	State IA	Zip Code 51458
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>King, Steven, A., ,</b>		Amount of Each Disbursement this Period 1000.0
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IA	District: 05	

Full Name (Last, First, Middle Initial) <b>C. Marsha for Senate</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address 4916 Thoroughbred Ln		FEC Identification Number C00376939 <b>Transaction ID : 15361581605</b>
City Brentwood	State TN	Zip Code 37027-3702
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>Blackburn, Marsha, , ,</b>		Amount of Each Disbursement this Period 1000.0
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TN	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<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)

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

**A. Palazzo for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 13155 Highway 67  
Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement  
PAC Political Contribution

Candidate Name  
**Palazzo, Steven, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MS District: 04

Date of Disbursement  
MM / DD / YYYY  
09 / 30 / 2018

FEC Identification Number  
**C** C00477323  
**Transaction ID : 15383981233!**  
Amount of Each Disbursement this Period  
1000.0

Memo Item

**B. Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 207

City Archibald State LA Zip Code 71218

Purpose of Disbursement  
PAC Political Contribution

Candidate Name  
**Abraham, Ralph, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: LA District: 05

Date of Disbursement  
MM / DD / YYYY  
09 / 17 / 2018

FEC Identification Number  
**C** C00563940  
**Transaction ID : 15372151936!**  
Amount of Each Disbursement this Period  
1000.0

Memo Item

**C. Robert Woodall for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1871

City Lawrenceville State GA Zip Code 30046

Purpose of Disbursement  
PAC Political Contribution

Candidate Name  
**Woodall, Robert, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: GA District: 07

Date of Disbursement  
MM / DD / YYYY  
09 / 21 / 2018

FEC Identification Number  
**C** C00482307  
**Transaction ID : 15375624533**  
Amount of Each Disbursement this Period  
- 1000.0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

Full Name (Last, First, Middle Initial) <b>A. Robert Woodall for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2018
Mailing Address P.O. Box 1871		FEC Identification Number C00482307 <b>Transaction ID : 15386564264</b> Amount of Each Disbursement this Period 1000.0
City Lawrenceville	State GA	Zip Code 30046
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>Woodall, Robert, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Smucker for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address PO BOX 7066		FEC Identification Number C00599464 <b>Transaction ID : 15379042257</b> Amount of Each Disbursement this Period 1000.0
City Lancaster	State PA	Zip Code 17604
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>Smucker, Lloyd, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 16	

Full Name (Last, First, Middle Initial) <b>C. Ted Yoho for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 8209 SW 95th Lane		FEC Identification Number C00494583 <b>Transaction ID : 15374801807</b> Amount of Each Disbursement this Period 1500.0
City Gainesville	State FL	Zip Code 32608
Purpose of Disbursement PAC Political Contribution		011 Category/ Type
Candidate Name <b>Yoho, Theodore, Scott, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Association of Crop Insurers PAC**

Full Name (Last, First, Middle Initial)

**A. Texans for Senator John Cornyn Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

Mailing Address 6850 Austin Centre Blvd.  
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement  
PAC Political Contribution

011
Category/ Type

FEC Identification Number

C	C00369033
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**Transaction ID : 15361557267:**

Amount of Each Disbursement this Period

1000.0
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Memo Item

Candidate Name

**Cornyn, John, , ,**

Office Sought:  House  
 Senate  
 President  
State: TX District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Tina Smith for Minnesota**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2018

Mailing Address P.O. Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement  
PAC Political Contribution

011
Category/ Type

FEC Identification Number

C	C00663781
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**Transaction ID : 15372142857:**

Amount of Each Disbursement this Period

5000.0
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Memo Item

Candidate Name

**Smith, Tina, , ,**

Office Sought:  House  
 Senate  
 President  
State: MN District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C	
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Amount of Each Disbursement this Period

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Memo Item

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

6000.00
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26500.00
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