

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**
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

ADDRESS (number and street) **174 North Carolina Ave., SE**
Check if different than previously reported. (ACC) **WASHINGTON DC 20003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00503680 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 09 / 01 / 2018 through 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.
Type or Print Name of Treasurer **Tank, Jack, , ,**

Signature of Treasurer **Tank, Jack, , ,** [Electronically Filed] Date 10 / 19 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA 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"/>		<input type="text" value="102172.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="107916.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5050.00"/>	<input type="text" value="174700.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="112966.62"/>	<input type="text" value="276872.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32550.50"/>	<input type="text" value="196456.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="80416.12"/>	<input type="text" value="80416.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5050.00	153650.00
(ii) Unitemized	0.00	18050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5050.00	171700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5050.00	172700.00
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 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)).....▶	5050.00	174700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5050.00	174700.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	50.50	3556.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	50.50	3556.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	192500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	400.00
(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	400.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32550.50	196456.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32550.50	196456.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	5050.00	172700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5050.00	172300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50.50	3556.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50.50	3556.40

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<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)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Cochran, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Portage Street
 City Oak Harbor State OH Zip Code 43449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Koepke Insurance Agency Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **09 / 24 / 2018**
Transaction ID : SA11AI.7071
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Flemming, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Office Park Ct
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midland Agency Insurance Occupation (for Individual) Crop Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt **08 / 06 / 2018**
Transaction ID : SA11AI.7061
 Amount of Each Receipt this Period 2100.00
 Memo Item
 Reattribution Requested

C. Flemming, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Office Park Ct
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midland Agency Insurance Occupation (for Individual) Crop Insurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 20 / 2018**
Transaction ID : SA11AI.7115
 Amount of Each Receipt this Period - 1400.00
 Memo Item
 Reattribute: to Stephanie Flemming

SUBTOTAL of Receipts This Page (optional).....	- 900.00
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: (check only one)	PAGE 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Flemming, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Office Park Court
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midland Agency Insurance Occupation (for Individual) Office Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 20 / 2018
Transaction ID : SA11AI.7116
 Amount of Each Receipt this Period 1400.00
 Memo Item
 Reattribute: from Matthew Flemming

B. Gerdes, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63649 136 Highway
 City Auburn State NE Zip Code 68305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auburn Agency Occupation (for Individual) Crop Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 13 / 2018
Transaction ID : SA11AI.7063
 Amount of Each Receipt this Period 2300.00
 Memo Item

C. Harrison, LeAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 368
 City Memphis State TX Zip Code 79245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fowler Agency Occupation (for Individual) Crop Insurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2018
Transaction ID : SA11AI.7065
 Amount of Each Receipt this Period 900.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4600.00
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: (check only one)	PAGE 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Olson, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23634 Millview Lane
 City Detroit Lakes State MN Zip Code 56501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agcountry Farm Credit Occupation (for Individual) Senior VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11AI.7070
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Tank, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 South First Ave East Dale Plaza #24
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ag Risk Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 07 / 2018
Transaction ID : SA11AI.7069
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Ulleland, Marva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 S Assembly Street PO Box 2515
 City Spokane State WA Zip Code 99220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Farm Credit Services Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11AI.7064
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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: (check only one)	PAGE 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

A. Ulleland, Marva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 S Assembly Street
 PO Box 2515
 City Spokane State WA Zip Code 99220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Farm Credit Services Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.7067
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Wright, Stan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 533
 City Hollis State OK Zip Code 73550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright's Agri-Service Occupation (for Individual) Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 07 / 2018
Transaction ID : SA11AI.7068
 Amount of Each Receipt this Period 500.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	5050.00

**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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 2211 North First Street

City San Jose

State CA

Zip Code 95131

Purpose of Disbursement Online Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2018

FEC Identification Number

C

Transaction ID : SB21B.7072

Amount of Each Disbursement this Period

50.50

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

50.50

50.50

**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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement 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

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00472241

Transaction ID : SB23.7081

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BYRNE FOR CONGRESS INC

Mailing Address PO BOX 2743

City MOBILE State AL Zip Code 36652

Purpose of Disbursement Political Contribution

Candidate Name BYRNE, BRADLEY ROBERTS, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: AL District: 01

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00545673

Transaction ID : SB23.7087

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CLOUD FOR CONGRESS

Mailing Address PO BOX 7027

City VICTORIA State TX Zip Code 77903

Purpose of Disbursement Political Contribution

Candidate Name CLOUD, MICHAEL, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: TX District: 27

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00655332

Transaction ID : SB23.7109

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. DARREN SOTO FOR CONGRESS

Mailing Address P.O. BOX 420239

City KISSIMMEE State FL Zip Code 34742

Purpose of Disbursement Political Contribution

Candidate Name SOTO, DARREN, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: FL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00581074

Transaction ID : SB23.7088

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID ROUZER FOR CONGRESS

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement Political Contribution

Candidate Name ROUZER, DAVID CHESTON, , MR.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NC District: 07

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00501643

Transaction ID : SB23.7091

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EUREKA POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement Political Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00390161

Transaction ID : SB23.7092

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. JOE WILSON FOR CONGRESS

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement Political Contribution

Candidate Name

WILSON, JOE THE HON., , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: SC District: 02

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00368522

Transaction ID : SB23.7104

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN CARTER FOR CONGRESS

Mailing Address 1717 NORTH IH-35 SUITE 304

City ROUND ROCK State TX Zip Code 78664

Purpose of Disbursement Political Contribution

Candidate Name

CARTER, JOHN R., , REP.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: TX District: 31

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00371203

Transaction ID : SB23.7077

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATIE ARRINGTON FOR CONGRESS

Mailing Address PO BOX 80177

City CHARLESTON State SC Zip Code 29416

Purpose of Disbursement Political Contribution

Candidate Name

ARRINGTON, KATHERINE ELIZABETH, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: SC District: 01

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00653204

Transaction ID : SB23.7098

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City UNIVERSITY HEIGHTS State OH Zip Code 44118

Purpose of Disbursement Political Contribution

Candidate Name FUDGE, MARCIA L, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OH District: 11

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00454694

Transaction ID : SB23.7084

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PETE STAUBER FOR CONGRESS VOLUNTEER COMMITTEE

Mailing Address 23 CENTRAL ENTRANCE BOX 333

City DULUTH State MN Zip Code 55811

Purpose of Disbursement Political Contribution

Candidate Name STAUBER, PETE, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00650697

Transaction ID : SB23.7094

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RALPH ABRAHAM FOR CONGRESS

Mailing Address PO BOX 14062

City MONROE State LA Zip Code 71207

Purpose of Disbursement Political Contribution

Candidate Name ABRAHAM, RALPH, , DR, JR

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: LA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00563940

Transaction ID : SB23.7082

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. RALPH NORMAN FOR CONGRESS

Mailing Address PO BOX 36973

City
ROCK HILL

State
SC

Zip Code
29732

Purpose of Disbursement
Political Contribution

Candidate Name

NORMAN, RALPH W. JR., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 05

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00633610

Transaction ID : SB23.7105

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City
TAYLORVILLE

State
IL

Zip Code
62568

Purpose of Disbursement
Political Contribution

Candidate Name

DAVIS, RODNEY L., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00521948

Transaction ID : SB23.7083

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TED YOHO FOR CONGRESS

Mailing Address 5745 SW 75TH STREET, #283

City
GAINESVILLE

State
FL

Zip Code
32608

Purpose of Disbursement
Political Contribution

Candidate Name

YOHO, THEODORE, SCOTT, MR.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00494583

Transaction ID : SB23.7097

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. TEXANS FOR JODEY ARRINGTON

Mailing Address PO BOX 6687

City
LUBBOCK

State
TX

Zip Code
79493

Purpose of Disbursement
Political Contribution

Candidate Name

ARRINGTON, JODEY COOK, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00588657

Transaction ID : SB23.7076

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City
AUSTIN

State
TX

Zip Code
78711

Purpose of Disbursement
Political Contribution

Candidate Name

CORNYN, JOHN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TX District: 00

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2018

FEC Identification Number

C C00369033

Transaction ID : SB23.7073

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOM RICE FOR CONGRESS

Mailing Address 1107 48TH AVE., N.
SUITE 310-A

City
MYRTLE BEACH

State
SC

Zip Code
29577

Purpose of Disbursement
Political Contribution

Candidate Name

RICE, TOM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2018

FEC Identification Number

C C00506048

Transaction ID : SB23.7108

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8500.00

**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)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM TIMMONS FOR CONGRESS

Mailing Address PO BOX 3416

City
GREENVILLE

State
SC

Zip Code
29602

Purpose of Disbursement
Political Contribution

Candidate Name

TIMMONS, WILLIAM R. IV, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09	/	25	/	2018

FEC Identification Number

C C00668491

Transaction ID : SB23.7101

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

32500.00