

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 4 1 14 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. IDENTIFICATION NUMBER: C00259135 060499 P 209

TOM WATSON
ASSOCIATION OF AMERICAN AGRICULTURAL INSURERS PAC
535 WEST BROADWAY
535 WEST BROADWAY, SUITE 300
COUNCIL BLUFFS IA 51302

2. FEC IDENTIFICATION NUMBER
C00259135

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>1/1/99</u> through <u>6/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$21,351.57
(b) Cash on Hand at Beginning of Reporting Period	\$21,351.57	
(c) Total Receipts (from Line 19)	\$24,945.50	\$24,945.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$46,297.07	\$46,297.07
7. Total Disbursements (from Line 30)	\$24,525.71	\$24,525.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$21,771.36	\$21,771.36
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-6620 Local 202-894-1100
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: THOMAS WATSON

Signature of Treasurer: Thomas Watson Date: 7/30/99

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

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FEC FORM 3X
(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE <i>Assoc. of American Agricultural Insurers</i>		REPORT COVERING PERIOD FROM <i>1/1/99</i> TO <i>6/30/99</i>	
		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)		<i>12483.00</i>	<i>12483.00</i>
ii. Unitemized		<i>12462.50</i>	<i>12462.50</i>
iii. Total (add i and ii) >		<i>24945.50</i>	<i>24945.50</i>
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees		<i>24945.50</i>	<i>24945.50</i>
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>24945.50</i>	<i>24945.50</i>
20. Total Federal Receipts (subtract line 18 from line 19) >		<i>24945.50</i>	<i>24945.50</i>
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		<i>24500</i>	<i>24500</i>
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		<i>25.71</i>	<i>25.71</i>
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>24525.71</i>	<i>24525.71</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		<i>24945.50</i>	<i>24945.50</i>
33. Total Contribution Refunds (from line 28d)		<i>0</i>	<i>0</i>
34. Net Contributions (other than loans)(subtract line 33 from line 32)		<i>24945.50</i>	<i>24945.50</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		<i>0</i>	<i>0</i>
36. Offsets to Operating Expenditures (from line 15)		<i>0</i>	<i>0</i>
37. Net Operating Expenditures (subtract line 35 from line 34) >		<i>0</i>	<i>0</i>

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NAME OF COMMITTEE (In Full)

Assoc. of American Agricultural Insurers PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.C. Colville 540 WITBECK DR. CLARE, NE 68612	SELF Occupation: INSURANCE AGENT Aggregate Year-to-Date > \$ 200	1/22/99	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kip Smith BOX 507 CAMBRIDGE, NE 69022	SELF Occupation: INSURANCE AGENT Aggregate Year-to-Date > \$ 250	1/22/99	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. MICHAEL PEARSON 504 4th AVE HOLDREGE, NE 68949	SELF Occupation: INSURANCE AGENT Aggregate Year-to-Date > \$ 200	1/22/99	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEV SMITH BOX 161 Blomfield, NE 68718	SELF Occupation: INS. AGENT Aggregate Year-to-Date > \$ 500	1/22/99	500 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Wenger 1026 MAPLE ST. SIDNEY, NE 69162	SELF Occupation: INS. AGENT Aggregate Year-to-Date > \$ 500	1/22/99	500 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Connealy BOX 27 TEKAMAH, NE 68061	SELF Occupation: INS. AGENT Aggregate Year-to-Date > \$ 250	1/22/99	250 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claudia Fix 743 HALE ST. WRAY, CO 68758	SELF Occupation: INS. AGENT Aggregate Year-to-Date > \$ 200	1/22/99	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

ASSOC. of AMERICAN Agricultural Insurance PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS KINDER BOX 156 BROOK, IN 47922	SELF	1/22/99	200 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INS. AGENT	Aggregate Year-to-Date > \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES CONNEALY BOX 27 TEKAMOH, NE 68061	SELF	1/22/99	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INS. AGENT	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILL DALE BOX 193 HAGOTON, KS 67951	SELF	1/22/99	1000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INS. AGENT	Aggregate Year-to-Date > \$ 1000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVE KEISER 88653 HWY. 81 FORDNE, NE 68736	SELF	1/22/99	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INS. AGENT	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEN TETEN 1223 6th St. AUBURN, NE 68305	SELF	1/22/99	300 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INS. AGENT	Aggregate Year-to-Date > \$ 300	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVE REISIG RRI HARDEN, MT 59034	SELF	1/22/99	200 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INS. AGENT	Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM DESTMAN 500 BROOKRIDGE TER. AUBURN, NE 68305	SELF	1/22/99	333 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INS. AGENT	Aggregate Year-to-Date > \$ 333	

SUBTOTAL of Receipts This Page (optional)

2533 -

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

~~ASSOC. of AMERICAN AGRICULTURAL INSURERS PAC~~

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY TEGALS 67219 250th St. Cold, IA 50056	Self employed	1/22/99	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		> \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight DeBoer Box 36 Lafayette, MN 56054	SELF	1/22/99	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	INS. AGENT	> \$ 1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY PENNISTON 1024 WATERMILL LN. LEXINGTON, KY 40515	AMERICAN AGRICULTURE	1/22/99	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	REGIONAL VP	> \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE SAHR 9121 E. WASHINGTON SAGINAW, MI 48601	SELF	1/22/99	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	INS. AGENT	> \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTH GERDES Rt 1 Auburn, NE 68305	Auburn Agency	1/22/99	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	INS. AGENT	> \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM BALDOWADO Box 21 Elwood, NE 68937	Self	1/22/99	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	INS. AGENT	> \$ 1000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharei Baldowado Box 21 Elwood, NE 68937	SELF	1/22/99	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	INS. AGENT	> \$ 500	

SUBTOTAL of Receipts This Page (optional)

3900

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

ASSOC of AMERICAN AGRICULTURAL INSURERS PAC

A. Full Name, Mailing Address and ZIP Code Phyllis Jousik KANSAS	Name of Employer Jousik Agency	Date (month, day, year) 1/22/99	Amount of Each Receipt this Period 200 ⁻
	Occupation Self Employed Agent Aggregate Year-to-Date \$ 200 ⁻		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			

B. Full Name, Mailing Address and ZIP Code Brenda Poggen Delf Box 207 Elwood, NE 68937	Name of Employer Elwood Agency	Date (month, day, year)	Amount of Each Receipt this Period 500 ⁻
	Occupation INS. AGENT Aggregate Year-to-Date \$ 500 ⁻		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			

C. Full Name, Mailing Address and ZIP Code DAVE TIENSOLD 207 E. 2ND ST Rushville, NE 69360	Name of Employer SELF	Date (month, day, year) 1/22/99	Amount of Each Receipt this Period 250 ⁻
	Occupation INS. AGENT Aggregate Year-to-Date \$ 250 ⁻		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			

D. Full Name, Mailing Address and ZIP Code Jimmy House 48 PROGRESS LN. BEULAH, WIS 38726	Name of Employer McCash Agency	Date (month, day, year) 1/22/99	Amount of Each Receipt this Period 300 ⁻
	Occupation SELF EMPLOYED Aggregate Year-to-Date \$ 300 ⁻		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			

E. Full Name, Mailing Address and ZIP Code MARY SUTTON 2205 MEADOWVIEW PKWY W. BURLINGAME, IA 51503	Name of Employer AMERICAN AGRICULTURE	Date (month, day, year) 1/24/99	Amount of Each Receipt this Period 200 ⁻
	Occupation VICE PRES. Aggregate Year-to-Date \$ 200 ⁻		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			

F. Full Name, Mailing Address and ZIP Code Richard Pearson Box 847 Chatsworth, IL 60921	Name of Employer Stuefer-Peterson Agency	Date (month, day, year) 1/22/99	Amount of Each Receipt this Period 250 ⁻
	Occupation OWNER Aggregate Year-to-Date \$ 250 ⁻		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			

G. Full Name, Mailing Address and ZIP Code SANDY REEVES 1000 ARK. BLVD. TEXARKANA, AR 71854	Name of Employer SIS Agency	Date (month, day, year) 1/22/99	Amount of Each Receipt this Period 400 ⁻
	Occupation OWNER Aggregate Year-to-Date \$ 400 ⁻		
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			

SUBTOTAL of Receipts This Page (optional) 2100⁻

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

ASSOC. OF AMERICAN AGRICULTURAL INSURERS PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARROLL HESS 1002 W. COOPER MARVILLE, MD 64468	Self Occupation: INS. AGENT	1/22/99	200 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 ⁻		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVE CAIN P.R.I. SHERBURD, MN 56171	AMERICAN AGRICULTURE INC. Occupation: Full Rep.	1/22/99	200 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 ⁻		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lloyd ZIMMER 2621 MOUNTAIN LN. GREENSBORO, NC 27403	ZIMMER Agency Occupation: Self-employed	1/22/99	200 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 ⁻		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY HANSEN 2026 LITTLEFIELD DR. EXIRA, IA 50076	SELF Occupation: INS. AGENT	5/19/99	200 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 ⁻		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN DEA 806 CENTER ST. SHELBY, IA 51570	DEA INSURANCE INC. Occupation: INS. AGENT	5/19/99	200 ⁻
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 ⁻		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Keller 3 CRICKETT LANE LOWDAKE, AR 72086	SELF Occupation: INS. AGENT	6/25/99	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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
JAMES LEONHARD 6250 NO. Hwy 94 PORTAGE DES SAUVS, MD 63373	Self Occupation: INS. AGENT	6/25/99	350 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1650⁻

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6
FOR LINE NUMBER 1141

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NAME OF COMMITTEE (In Full)

ASSOC. OF AMERICAN AGRICULTURAL INSURERS PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARVIN RHODES 1405 MANDERSON PL. OMAHA NE 68104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AMERICAN AGRICULTURE Occupation: REGIONAL UP Aggregate Year-to-Date: \$ 200	6/25/99	200 -
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 200 -
 TOTAL This Period (last page this line number only) 12483

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASSOC. OF AMERICAN AGRICULTURAL INSURERS PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE SIMPSON FOR CONGRESS BOISE, ID	RETIRE DEBT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/99	500 ⁰⁰ -
LATHAM FOR CONGRESS BOX 174 SIoux CITY, IA 51102	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/99	500 ⁰⁰ -
MIKE SIMPSON FOR CONGRESS BOISE, ID	RETIRE DEBT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/99	500 ⁰⁰ -
EWING FOR CONGRESS BOX 766 PONTIAC, IL 61764	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/99	500 ⁰⁰ -
KERREY FOR SENATE 7602 PACIFIC ST. OMAHA NE 68114	RECEPTION TICKET Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/99	1000 ⁻
KERREY FOR SENATE 7602 PACIFIC ST. OMAHA NE 68114	RECEPTION TICKET Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/99	1000 ⁻
CITIZENS FOR HARKIN BOX 811 DES MOINES IA 50304	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/99	2000 ⁻
LATHAM FOR CONGRESS BOX 174 SIoux CITY IA 51102	GOLF TOURNEY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/99	500 ⁻
SKEED FOR CONGRESS BOX 2446 ROSWELL NM 88202	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/99	500 ⁻

SUBTOTAL of Disbursements This Page (optional)

7000⁻

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASSOC. OF AMERICAN AGRICULTURAL INSURGERS PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GRASLEY FOR SENATE BOX 1000 DES MOINES IA 50304	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
CITIZENS for Harkin BOX 811 DES MOINES IA 50304	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
BOSWELL for CONGRESS BOX 823 INDIANOLA IA 50125	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
STENHOLM for CONGRESS BOX 1032 STAMFORD TX 79553	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
EWING for CONGRESS BOX 108 PONTIAC IL 61764	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
COMBEST Congressional Comm. BOX 2429 Lubbock TX 79408	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
PEOPLE Supporting TOM DASILE 424 C ST NE WASHINGTON DC 20002	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
ROBERTS for SENATE BOX 433 GREAT BEARD, KS 67530	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-
ROBERTS Kent Conrad for Senate 420 C ST NE WASHINGTON DC 20005	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/99	1000-

SUBTOTAL of Disbursements This Page (optional)

9000-

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASSOC. of AMERICAN AGRICULTURAL INSURERS PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POMEROY for CONGRESS Box 746 Bismarck ND 58502	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	500-
B. Full Name, Mailing Address and ZIP Code Byron Dought Friends 420 C St. NE WASHINGTON DC 20002	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	1000-
C. Full Name, Mailing Address and ZIP Code KERREY for SENATE 7602 PACIFIC ST. OMAHA NE 68114	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	3000-
D. Full Name, Mailing Address and ZIP Code Courad Burus Friends Box 1532 Billings MT 59103	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	1000-
E. Full Name, Mailing Address and ZIP Code Tim Johnson for So Dakota 424 C St. NE WASHINGTON DC 20002	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	1000-
F. Full Name, Mailing Address and ZIP Code Trent Lott for Senate 201 N. Union St. #530 ALEXANDRIA VA 22314	PAC Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	1000-
G. Full Name, Mailing Address and ZIP Code Fitzgerald for Senate 50 W. Brockway #4-9 MILWAUKEE IL 60067	DEBT RETIREMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/99	1000-
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)

8500

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24,500

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

ASSOC. OF AMERICAN AGRICULTURAL DISBURSES PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US BANK	TAX FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/99	3.18
US Postal Service Co. Bluffs, IA 51503	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/99	13.20
US BANK	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/99	9.33
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)

25.71


TOTAL This Period (last page this line number only)

25.71

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
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<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	
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PREPARER	DATE PREPARED