

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) 316 Pennsylvania Ave SE Suite 401 WASHINGTON DC 20003 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00503680 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

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 Jack Tank

Signature of Treasurer Jack Tank [Electronically Filed] Date 06 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="33132.27"/>	<input type="text" value="33132.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19354.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="59850.00"/>	<input type="text" value="67100.00"/>
(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="79204.67"/>	<input type="text" value="100232.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15248.33"/>	<input type="text" value="36275.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63956.34"/>	<input type="text" value="63956.34"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	55950.00	61400.00
(ii) Unitemized	3900.00	4700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	59850.00	66100.00
(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)	59850.00	67100.00
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	0.00
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))..... ▶	59850.00	67100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59850.00	67100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	748.33	775.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	748.33	775.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	35500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00
(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	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	15248.33	36275.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15248.33	36275.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	59850.00	67100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59850.00	67100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	748.33	775.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	748.33	775.93

**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mark L. Andreasen
 Full Name (Last, First, Middle Initial)
 Mailing Address 12235 Hwy 34
 City Preston State ID Zip Code 83263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MSIG Ag, Inc Occupation Crop Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1100.00**

Date of Receipt **05 / 31 / 2015**
Transaction ID : SA11AI.4984
 Amount of Each Receipt this Period **1100.00**

B. Koanne Babel
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 W Old Military Rd
 City Wood River State NE Zip Code 68883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Babel Agency Occupation Office Admin
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2800.00**

Date of Receipt **05 / 22 / 2015**
Transaction ID : SA11AI.4980
 Amount of Each Receipt this Period **2800.00**

C. Jeffrey G. Baumgart
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Broyles
 City Cap Girardeau State MO Zip Code 63701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CGB Diversified Services Occupation National Accounts Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **850.00**

Date of Receipt **05 / 26 / 2015**
Transaction ID : SA11AI.4990
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional)..... **4650.00**
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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Glenda Blindert
Full Name (Last, First, Middle Initial)

Mailing Address 440 E Sabers Ave

City Salem State SD Zip Code 57058

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

Name of Employer Blindert Insurance Occupation Owner-Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : SA11AI.4974

Amount of Each Receipt this Period
 2500.00

B. Glenda Blindert
Full Name (Last, First, Middle Initial)

Mailing Address 440 E Sabers Ave

City Salem State SD Zip Code 57058

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

Name of Employer Blindert Insurance Occupation Owner-Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : SA11AI.4976

Amount of Each Receipt this Period
 2500.00

C. Timothy Breske
Full Name (Last, First, Middle Initial)

Mailing Address 1004 NE 11th Street

City Madison State SD Zip Code 57042

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

Name of Employer Self Occupation Crop Insurance Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : SA11AI.5005

Amount of Each Receipt this Period
 1100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6100.00

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 23
<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. Burl Buchanan
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 157

City Spearman	State TX	Zip Code 79081
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Insurance/Farmer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Transaction ID : SA11AI.5003

Amount of Each Receipt this Period
3000.00

B. Roger Buchanan
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 157

City Spearman	State TX	Zip Code 79081
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Hansford Agency/Self	Occupation Insurance/Farmer
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Transaction ID : SA11AI.5004

Amount of Each Receipt this Period
2750.00

C. Max J. Claybaker
Full Name (Last, First, Middle Initial)
Mailing Address 16018 W Doolin Ave

City Blackwell	State OK	Zip Code 74631
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FEC ID number of contributing federal political committee. **C**

Name of Employer Claybaker Crop Insur Agency	Occupation Crop Insurance Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. William Cole
Full Name (Last, First, Middle Initial)

Mailing Address 5165 Macedonia Rd

City State Zip Code
Batesville MS 38606

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

Name of Employer Occupation
Cole & Short Agency Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
05 / 13 / 2015
Transaction ID : SA11AI.4997

Amount of Each Receipt this Period
1100.00

B. M.D. Dunn
Full Name (Last, First, Middle Initial)

Mailing Address 320 West Lee Drive

City State Zip Code
Clarksdale MS 38614

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

Name of Employer Occupation
Diversified Insurance Agency Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
05 / 11 / 2015
Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
3600.00

C. Shirley Ferree
Full Name (Last, First, Middle Initial)

Mailing Address 13709 S County Road 300 W

City State Zip Code
Jasonville IN 47438

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

Name of Employer Occupation
Springer Insurance & Financial Crop Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
05 / 27 / 2015
Transaction ID : SA11AI.4983

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5300.00

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 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Richard Gates
Full Name (Last, First, Middle Initial)
Mailing Address 111 North Kansas
City Haven State KS Zip Code 67543
FEC ID number of contributing federal political committee. **C**
Name of Employer Ag360 Insurance Occupation Crop Insurance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 19 / 2015**
Transaction ID : SA11AI.5008
Amount of Each Receipt this Period **350.00**

B. Mark Haechten
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 112
City Anson State TX Zip Code 79501
FEC ID number of contributing federal political committee. **C**
Name of Employer Haechten Crop Insurance Occupation Crop Insurance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3200.00**

Date of Receipt **05 / 13 / 2015**
Transaction ID : SA11AI.5006
Amount of Each Receipt this Period **3200.00**

C. Tracy Hawker
Full Name (Last, First, Middle Initial)
Mailing Address 1003 W 300 S
City Blackfoot State ID Zip Code 83221
FEC ID number of contributing federal political committee. **C**
Name of Employer Premiere Insurance Occupation Agency Owner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2400.00**

Date of Receipt **05 / 11 / 2015**
Transaction ID : SA11AI.4973
Amount of Each Receipt this Period **2400.00**

SUBTOTAL of Receipts This Page (optional)..... **5950.00**
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 11 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Don Heller
Full Name (Last, First, Middle Initial)
Mailing Address 330 Avenue N
City Anson State TX Zip Code 79501
FEC ID number of contributing federal political committee. **C**
Name of Employer Ag Crop Insurance Occupation Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 11 / 2015**
Transaction ID : SA11AI.4972
Amount of Each Receipt this Period **1150.00**

B. Joni Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 2719 Thunderbird Drive
City Hayes State KS Zip Code 67601
FEC ID number of contributing federal political committee. **C**
Name of Employer Ag Pro Crop Insurance Occupation Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1100.00**

Date of Receipt **05 / 13 / 2015**
Transaction ID : SA11AI.4999
Amount of Each Receipt this Period **1000.00**

C. James G Latham
Full Name (Last, First, Middle Initial)
Mailing Address 418 Craven Street
City Bath State NC Zip Code 27808
FEC ID number of contributing federal political committee. **C**
Name of Employer Coastal Plains Insurance Occupation Principal
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1100.00**

Date of Receipt **05 / 11 / 2015**
Transaction ID : SA11AI.4971
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3150.00**
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 12 OF 23
<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

Full Name (Last, First, Middle Initial)
A. Stacy McGarvey

Mailing Address 14270 Rd 123

City Paulding	State OH	Zip Code 45879
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rex Williamson Insurance LLC	Occupation Underwriter/IT/Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Gid Moore

Mailing Address PO Box 424

City New Home	State TX	Zip Code 79383
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FEC ID number of contributing federal political committee. **C**

Name of Employer Moore Crop Insurance Agency	Occupation Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)
C. Eric O'Bryan

Mailing Address 546 Timbers Drive

City Dothan	State AL	Zip Code 36301
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FEC ID number of contributing federal political committee. **C**

Name of Employer O'Bryan Agri Insurance	Occupation Insurance
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 13 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Erick Richards
Full Name (Last, First, Middle Initial)
Mailing Address 6 E Harwell Street
City Stamford State TX Zip Code 79553
FEC ID number of contributing federal political committee. **C**
Name of Employer Ag Crop Insurance Occupation Crop Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 05 / 26 / 2015
Transaction ID : SA11AI.4988
Amount of Each Receipt this Period 1200.00

B. Tom Sell
Full Name (Last, First, Middle Initial)
Mailing Address 2915 19th Street
City Lubbock State TX Zip Code 79401
FEC ID number of contributing federal political committee. **C**
Name of Employer Combest, Sell & Associates Occupation Insurance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3900.00

Date of Receipt 05 / 13 / 2015
Transaction ID : SA11AI.5000
Amount of Each Receipt this Period 3900.00

C. Samuel Sonnenberg
Full Name (Last, First, Middle Initial)
Mailing Address 18457 Vansway Drive
City Sterling State CO Zip Code 80751
FEC ID number of contributing federal political committee. **C**
Name of Employer Sonnenberg Agency Occupation Insurance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 05 / 19 / 2015
Transaction ID : SA11AI.5010
Amount of Each Receipt this Period 900.00

SUBTOTAL of Receipts This Page (optional).....▶ 6000.00
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 14 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Seth Sowder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 129
 City Sudan State TX Zip Code 79371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lance Insurance Agency Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2015
Transaction ID : SA11AI.4970
 Amount of Each Receipt this Period
550.00

B. Jack C. Tank
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 St Thomas Ct
 City Iowa City State IA Zip Code 52245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : SA11AI.4981
 Amount of Each Receipt this Period
2700.00

c. Marva Ulleland
 Full Name (Last, First, Middle Initial)
 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 Northwest Farm Credit Services Occupation VP Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2015
Transaction ID : SA11AI.4969
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 15 OF 23
<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

Full Name (Last, First, Middle Initial)
A. Marva Ulleland

Mailing Address 1700 S Assembly Street
PO Box 2515

City State Zip Code
Spokane WA 99220

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

Name of Employer Occupation
Northwest Farm Credit Services VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Ronald C Wegner

Mailing Address 9442 Indian Creek Rd

City State Zip Code
San Angelo TX 76901

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

Name of Employer Occupation
Self Employed Ranch, Farm Agent Crop Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period
1350.00

Full Name (Last, First, Middle Initial)
c. Sherry Wegner

Mailing Address PO Box 3550

City State Zip Code
Big Spring TX 79721

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

Name of Employer Occupation
Self (Sherry Wegner Agency) Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 16 OF 23
<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

Full Name (Last, First, Middle Initial) A. Sherry Wegner		Date of Receipt MM / DD / YYYY 05 / 13 / 2015 Transaction ID : SA11AI.4996
Mailing Address PO Box 3550		Amount of Each Receipt this Period 900.00
City Big Spring	State TX	Zip Code 79721
FEC ID number of contributing federal political committee. C		
Name of Employer Self (Sherry Wegner Agency)	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Niki Wilder		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 Transaction ID : SA11AI.4968
Mailing Address 17314 Clubview Drive		Amount of Each Receipt this Period 400.00
City Plattsmouth	State NE	Zip Code 68048
FEC ID number of contributing federal political committee. C		
Name of Employer AgriLogic Insurance Services	Occupation National Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jason L. Williamson		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 Transaction ID : SA11AI.4977
Mailing Address 2262 Road 60		Amount of Each Receipt this Period 3000.00
City Payne	State OH	Zip Code 45880
FEC ID number of contributing federal political committee. C		
Name of Employer Williamson Insurance Agency	Occupation Crop Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	4300.00
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: PAGE 17 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Teresa P Williamson

Mailing Address 10267 Rd 95

City Paulding State OH Zip Code 45879

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

Name of Employer Occupation
 Self Employed Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
 3100.00

Full Name (Last, First, Middle Initial)
B. Stan Wright

Mailing Address PO Box 533

City Hollis State OK Zip Code 73550

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

Name of Employer Occupation
 Wright's Agri-Service Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : SA11AI.4960

Amount of Each Receipt this Period
 3000.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	6100.00
TOTAL This Period (last page this line number only).....▶	55950.00

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"/> 24	<input type="checkbox"/> 25	<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
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : SB21B.4919

Amount of Each Disbursement this Period

710.75

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

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

Amount of Each Disbursement this Period

--

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

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

Amount of Each Disbursement this Period

--

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

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

710.75

710.75

**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"/> 24	<input type="checkbox"/> 25	<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. BOOZMAN FOR ARKANSAS

Mailing Address PO BOX 671

City State Zip Code
ROGERS AR 72757

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN BOOZMAN

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AR District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : **SB23.4904**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City State Zip Code
TUPELO MS 38802

Purpose of Disbursement
Political Contribution

Candidate Name
THAD COCHRAN

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MS District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : **SB23.4903**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CRAWFORD FOR CONGRESS

Mailing Address PO BOX 16956

City State Zip Code
JONESBORO AR 72403

Purpose of Disbursement
Political Contribution

Candidate Name
ERIC ALAN RICK CRAWFORD

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AR District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : **SB23.4914**

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<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. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement
Political Contribution

Candidate Name

DAVID ALBERT SCOTT

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : SB23.4905

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Political Contribution

Candidate Name

DEVIN G NUNES

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : SB23.4908

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement
Political Contribution-See Designation Memos Below

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : SB23.4917

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

9	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

9	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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"/> 24	<input type="checkbox"/> 25	<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 ABRAHAM FOR CONGRESS

Mailing Address PO BOX 14062

City MONROE State LA Zip Code 71207

Purpose of Disbursement
FARM PAC JFC Memo

Candidate Name

DR RALPH ABRAHAM JR

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : SB23.4917.0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RICK W. ALLEN FOR CONGRESS

Mailing Address PO BOX 338

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement
FARM PAC JFC Memo

Candidate Name

RICK ALLEN

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : SB23.4917.1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EMMER FOR CONGRESS

Mailing Address PO BOX 998

City ANOKA State MN Zip Code 55303

Purpose of Disbursement
FARM PAC JFC Memo

Candidate Name

THOMAS EARL JR EMMER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : SB23.4917.2

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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"/> 24	<input type="checkbox"/> 25	<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. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUESUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
FARM PAC JFC Memo

Candidate Name
JOHN MOOLENAAR

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : SB23.4917.3

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAN NEWHOUSE FOR CONGRESS

Mailing Address PO BOX 10949

City YAKIMA State WA Zip Code 98909

Purpose of Disbursement
FARM PAC JFC Memo

Candidate Name
DAN NEWHOUSE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 04

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : SB23.4917.4

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DAVID ROUZER FOR CONGRESS

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement
FARM PAC JFC Memo

Candidate Name
DAVID CHESTON MR. ROUZER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 07

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : SB23.4917.5

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)..... ▶

0.00

**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"/> 24	<input type="checkbox"/> 25	<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. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement FARM PAC JFC Memo

Candidate Name

JACKIE WALORSKI SWIHART

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : SB23.4917.6

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DON BEYER

Mailing Address 801 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Political Contribution

Candidate Name

DONALD STERNOFF JR BEYER

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: VA District: 08

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2015

Transaction ID : SB23.4911

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement Political Contribution

Candidate Name

HAROLD D ROGERS

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KY District: 05

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2015

Transaction ID : SB23.4916

Amount of Each Disbursement this Period

1500.00

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

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

2500.00

14500.00