

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 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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 / 01 / 2016 through 06 / 30 / 2016

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 07 / 19 / 2016

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="2016"/>	<input type="text" value="50972.54"/>	<input type="text" value="50972.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="111950.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18675.00"/>	<input type="text" value="136660.00"/>
(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="130625.00"/>	<input type="text" value="187632.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37787.55"/>	<input type="text" value="94795.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92837.45"/>	<input type="text" value="92837.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	18225.00	117150.00
(ii) Unitemized .....	450.00	18510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18675.00	135660.00
(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) .....	18675.00	136660.00
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))..... ▶	18675.00	136660.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18675.00	136660.00

**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 .....	287.55	2295.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	287.55	2295.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	92500.00
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)) ..	37787.55	94795.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37787.55	94795.09

**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) .....	18675.00	136660.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18675.00	136660.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	287.55	2295.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	287.55	2295.09

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)

<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**

Full Name (Last, First, Middle Initial)  
**A. Barry Cochran**

Mailing Address 240 Portage Street

City State Zip Code  
Oak Harbor OH 43449

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

Name of Employer Occupation  
Koepke Insurance Agency Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2016

**Transaction ID : SA11AI.5808**

Amount of Each Receipt this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Danny Flynn**

Mailing Address 2500 Briarwood Lane

City State Zip Code  
Hutchinson KS 67502

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

Name of Employer Occupation  
Team Marketing Alliance Crop Insurance Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : SA11AI.5818**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Joanie Grimes**

Mailing Address PO Box 802

City State Zip Code  
Hillsboro OH 45133

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

Name of Employer Occupation  
Premium Ag Commodities Inc. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2016

**Transaction ID : SA11AI.5823**

Amount of Each Receipt this Period  
1500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00

**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"/> 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. Herbert Huddleston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Cypress Street  
 City Leland State MS Zip Code 38756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DS Greenville Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 20 / 2016**  
**Transaction ID : SA11AI.5827**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item

**B. John R. Keister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 340  
 City Blue Earth State MN Zip Code 56013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minn-Iowa Crop Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3350.00**

Date of Receipt **06 / 21 / 2016**  
**Transaction ID : SA11AI.5812**  
 Amount of Each Receipt this Period **3200.00**  
 Memo Item

**C. Travis Keister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 Upper Valley Drive  
 City Blue Earth State MN Zip Code 56013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minn-Iowa Crop Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2100.00**

Date of Receipt **06 / 21 / 2016**  
**Transaction ID : SA11AI.5811**  
 Amount of Each Receipt this Period **2100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5900.00</b>
<b>TOTAL</b> 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 8 OF 18  
(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. Larry McGillis**

Mailing Address PO Box 368

City State Zip Code  
 Portland ND 58274

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

Name of Employer Occupation  
 Mayport Insurance & Realty Inc Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : SA11AI.5824**

Amount of Each Receipt this Period  
 1500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Carl Schwab**

Mailing Address 41249 139th Street

City State Zip Code  
 Andover SD 57422

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

Name of Employer Occupation  
 Groton Ag Partners 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  
 06 / 29 / 2016

**Transaction ID : SA11AI.5821**

Amount of Each Receipt this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Tom Sell**

Mailing Address 2915 19th Street

City State Zip Code  
 Lubbock TX 79401

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

Name of Employer Occupation  
 Combest, Sell & Associates Insurance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**Transaction ID : SA11AI.5822**

Amount of Each Receipt this Period  
 4550.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6550.00

**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. Blaine Stucky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 N Christian Ave  
City Moundridge State KS Zip Code 67107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AG360 Insurance Occupation Insurance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **850.00**

Date of Receipt **06 / 29 / 2016**  
**Transaction ID : SA11AI.5816**  
Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. 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 **900.00**

Date of Receipt **06 / 23 / 2016**  
**Transaction ID : SA11AI.5813**  
Amount of Each Receipt this Period **75.00**  
 Memo Item

**C. Stan Wright**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 533  
City Hollis State OK Zip Code 73550  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wright's Agri-Service Occupation Insurance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **4000.00**

Date of Receipt **06 / 30 / 2016**  
**Transaction ID : SA11AI.5815**  
Amount of Each Receipt this Period **3700.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>18225.00</b>

**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  
CC 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
06	/	30	/	2016

**Transaction ID : SB21B.5828**

Amount of Each Disbursement this Period

268.05
--------

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

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

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

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

Amount of Each Disbursement this Period

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Memo Item

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

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

268.05
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268.05
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**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. ALAMO PAC**

Mailing Address 919 CONGRESS AVENUE  
SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : SB23.5804

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement  
Political Contribution

Candidate Name

**BILL FLORES**

Office Sought:  House  
 Senate  
 President  
State: TX District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : SB23.5759

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOOZMAN FOR ARKANSAS**

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement  
Political Contribution

Candidate Name

**JOHN BOOZMAN**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : SB23.5760

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

6500.00

**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. BRAD ASHFORD FOR CONGRESS**

Mailing Address PO BOX 24023

City OMAHA State NE Zip Code 68124

Purpose of Disbursement  
Political Contribution

Candidate Name

**BRAD ASHFORD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

**Transaction ID : SB23.5761**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COMSTOCK FOR CONGRESS**

Mailing Address PO BOX 831

City MC LEAN State VA Zip Code 22101

Purpose of Disbursement  
Political Contribution

Candidate Name

**HON. BARBARA J COMSTOCK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

**Transaction ID : SB23.5764**

Amount of Each Disbursement this Period

2000.00

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  
Political Contribution

Candidate Name

**MR. DAVID CHESTON ROUZER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

**Transaction ID : SB23.5767**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

**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"/> 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. FILEMON VELA FOR CONGRESS**

Mailing Address 2929 MOSSROCK STREET  
SUITE 215

City SAN ANTONIO State TX Zip Code 78230

Purpose of Disbursement  
Political Contribution

Candidate Name

**MR. FILEMON VELA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 34

Date of Disbursement

/  /

**Transaction ID : SB23.5768**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GENE GREEN CONGRESSIONAL CAMPAIGN**

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement  
Political Contribution

Candidate Name

**RAYMOND E. 'GENE' GREEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

/  /

**Transaction ID : SB23.5769**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOEVEN FOR SENATE**

Mailing Address PO BOX 15114

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
Political Contribution

Candidate Name

**JOHN HOEVEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.5772**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. JASON SMITH FOR CONGRESS**

Mailing Address PO BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement  
Political Contribution

Candidate Name

**JASON T SMITH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB23.5773**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JIM COSTA FOR CONGRESS**

Mailing Address 2037 W BULLARD AVENUE  
# 355

City FRESNO State CA Zip Code 93711

Purpose of Disbursement  
Political Contribution

Candidate Name

**MR. JIM COSTA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 16

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB23.5774**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

**REP. JOHN R. CARTER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 31

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : **SB23.5780**

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"/> 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. KATKO FOR CONGRESS**

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name

**JOHN M KATKO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

**Transaction ID : SB23.5782**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KELLY FOR CONGRESS**

Mailing Address 5221-A CLIFF GOOKIN BLVD

City TUPELO State MS Zip Code 38801

Purpose of Disbursement  
Political Contribution

Candidate Name

**JOHN TRENT KELLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

**Transaction ID : SB23.5785**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LUCAS FOR CONGRESS**

Mailing Address PO BOX 1726

City OKLAHOMA CITY State OK Zip Code 73101

Purpose of Disbursement  
Political Contribution

Candidate Name

**FRANK D. LUCAS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

**Transaction ID : SB23.5788**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. PALAZZO FOR CONGRESS**

Mailing Address 13155 HIGHWAY 67 SUITE B

City BILOXI State MS Zip Code 39532

Purpose of Disbursement  
Political Contribution

Candidate Name

**STEVEN MCCARTY PALAZZO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MS District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB23.5789**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PERDUE VICTORY INC**

Mailing Address PO BOX 12077

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Other

State: GA District: 11

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB23.5791**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PERDUE FOR SENATE**

Mailing Address 3110 MAPLE DRIVE NE  
SUITE 400

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement  
Political Contribution

Candidate Name

**DAVID PERDUE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB23.5791.0**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5000.00



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

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

FOR LINE NUMBER:  
(check only one)

<input 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. POE FOR CONGRESS**

Mailing Address P.O. BOX 14222

City State Zip Code  
HUMBLE TX 77347

Purpose of Disbursement  
Political Contribution

Candidate Name

**TED POE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : **SB23.5795**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RALPH ABRAHAM FOR CONGRESS**

Mailing Address PO BOX 14062

City State Zip Code  
MONROE LA 71207

Purpose of Disbursement  
Political Contribution

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

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : **SB23.5796**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City State Zip Code  
WINSTON-SALEM NC 27113

Purpose of Disbursement  
Political Contribution

Candidate Name

**RICHARD BURR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB23.5797**

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"/> 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. RURAL AMERICA COUNTS**

Mailing Address 228 S WASHINGTON STREET  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : SB23.5806

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THORNBERRY FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 9392

City AMARILLO State TX Zip Code 79105

Purpose of Disbursement  
Political Contribution

Candidate Name

**MAC THORNBERRY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: TX District: 13

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : SB23.5800

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WALORSKI FOR CONGRESS INC**

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement  
Political Contribution

Candidate Name

**JACKIE SWIHART WALORSKI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: IN District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : SB23.5803

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

7500.00

37500.00