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SECRETARY OF THE SENATE
LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Rural Community Insurance Services			
2. Address <input type="checkbox"/> Check if different than previously reported 3501 Thurston Avenue, Anoka, MN 55303-1060			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Mr. Michael Connealy	Telephone (800) 328-9143	E-mail (optional)	5. Screen ID # 22724-
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 333660

33941

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-D

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report Termination Date _____

11. No Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this n period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ <small>Expenses (nearest</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defini</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature Michael Connealy
 Printed Name and Title Mr. Michael Connealy President

Registrant Name Rural Community Ins Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code AGR (one per page)

16. Specific lobbying issues General lobbying on issues involving and related to Federal Crop Insurance Act and the Federal crop insurance program.

17. House(s) of Congress and Federal agencies contacted Check if None
U.S. House & Senate Committees on Agriculture
U.S. Department of Agriculture
Risk Management Agency/Federal Crop Insurance Corporation

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Mr. Michael Connealy	
Mrs. Linda Vickers	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Michael Connealy* Date _____
Printed Name and Title Mr. Michael Connealy, President

