

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

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

FOR LINE NUMBER: PAGE 15 OF 52
(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
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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)
Rain and Hail Insurance Society Political Action Committee

Full Name (Last, First, Middle Initial)
A. Kendall Foster

Mailing Address 628 SE 12th St

City Trenton	State MO	Zip Code 64683-8203
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kendall Foster Insurance	Occupation Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015
Transaction ID : 20150429165351-123

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Shannon Foster

Mailing Address 1811 SW Arlan Dr

City Ankeny	State IA	Zip Code 50023-7020
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rain and Hail Insurance Service, Inc.	Occupation Vice President Midwest Division
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1195.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 201505111654-144

Amount of Each Receipt this Period
1195.00

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

Mailing Address 507 Cathedral Dr

City Alexandria	State VA	Zip Code 22314-4705
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FEC ID number of contributing federal political committee. **C**

Name of Employer Independent Contractor	Occupation Consultant
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015
Transaction ID : 201505111654-145

Amount of Each Receipt this Period
245.00

SUBTOTAL of Receipts This Page (optional).....▶	1690.00
TOTAL This Period (last page this line number only).....▶	