

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

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

FOR LINE NUMBER: PAGE 10 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, ANDREW, L, ,

Mailing Address 4875 EMERSON RD

City  
BLOOMDALEState  
OHZip Code  
44817-9769FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GROWMARK, INC.Occupation (for Individual)  
BOARD DIRECTOR

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 / 01 / 2020

Transaction ID : AA6E5375A63034B71B6A

Amount of Each Receipt this Period

300.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHMIDT, BARRY, , ,

Mailing Address 8 ANN ARBOR CT

City  
BLOOMINGTONState  
ILZip Code  
61705-8831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GROWMARK, INC.Occupation (for Individual)  
VP, RETAIL BUSINESS

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 / 01 / 2020

Transaction ID : A16F53203903E4B819EA

Amount of Each Receipt this Period

300.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ESTHER, CHET, , ,

Mailing Address 22215 BLUFF RD

City  
FREDERICKState  
ILZip Code  
62639-4037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GROWMARK, INC.Occupation (for Individual)  
BOARD DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2020

Transaction ID : ACF38E43162A34365B9E

Amount of Each Receipt this Period

300.00

☐ Memo Item

RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

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