

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

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

FOR LINE NUMBER: PAGE 226 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The National Rural Electric Cooperative Association Action Committee for Rural Electrification (ACRE)

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

A. McCliggott, Angel, M., ,

Mailing Address 7973 E Grand River Ave

City  
Portland

State  
MI

Zip Code  
48875-9717

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HomeWorks Tri-County Electric Co-op

Occupation (for Individual)  
Training Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2019

Transaction ID : 5002732310789

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Casper, Michael, J., ,

Mailing Address PO Box 390

City  
Elizabeth

State  
IA

Zip Code  
61028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jo-Carroll Energy, Inc. NFP

Occupation (for Individual)  
CEO

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  
10 / 17 / 2019

Transaction ID : 5020792304263

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Allendorf, Christopher, D., ,

Mailing Address 322 Apache Ct

City  
Galena

State  
IL

Zip Code  
61036-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jo-Carroll Energy, Inc., NFP

Occupation (for Individual)  
Attorney

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  
10 / 17 / 2019

Transaction ID : 5034362302233

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

140.00

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