

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

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

FOR LINE NUMBER: PAGE 27 OF 38

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

A. Wegner, Sherry, , ,

Mailing Address PO Box 3550

City
Big Spring

State
TX

Zip Code
79721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self (Sherry Wegner Agency)

Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2019

Transaction ID : SA11AI.7484

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Wilds, Lucas, , ,

Mailing Address 834 John Inman Rd.

City
Union City

State
TN

Zip Code
38261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Agent, Cole & Short Crop Insur

Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2019

Transaction ID : SA11AI.7493

Amount of Each Receipt this Period

800.00

☐ Memo Item

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

C. Williamson, Jason, L., ,

Mailing Address 2262 Road 60

City
Payne

State
OH

Zip Code
45880

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Williamson Insurance Agency

Occupation (for Individual)
Crop Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2019

Transaction ID : SA11AI.7511

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

3300.00