

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

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

FOR LINE NUMBER: PAGE 17 OF 27

(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)

American Association of Crop Insurers PAC

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

A. Schmode, Anthony, , ,

Mailing Address 12544 Conestoga Way

City  
LoLoState  
MTZip Code  
59847FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QBE North AmericaOccupation (for Individual)  
VP of Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.0

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2017

Transaction ID : 1509114469780

Amount of Each Receipt this Period

250.0

☐ Memo Item  
☐ Check

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

B. Sell, Terri, , ,

Mailing Address 12120 S Walnut

City  
OlatheState  
KSZip Code  
66061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ProAgOccupation (for Individual)  
SVP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.0

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 29 / 2017

Transaction ID : 1515011781190

Amount of Each Receipt this Period

250.0

☐ Memo Item  
☐ Check

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

c. Sharp, Bradley W., , ,

Mailing Address PO Box 941

City  
WilmingtonState  
OHZip Code  
45177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Diversified InsuranceOccupation (for Individual)  
Crop insurance sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 08 / 2017

Transaction ID : 1510149716444

Amount of Each Receipt this Period

1000.0

☐ Memo Item  
☐ Check

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

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

1500.00