

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

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

FOR LINE NUMBER: PAGE 273 OF 607

(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)

Deere &amp; Company PAC (AKA John Deere PAC)

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

A. JOHNSON, THOMAS, C, ,

Mailing Address 6062 Caspian Ct

City  
BettendorfState  
IAZip Code  
52722-5906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

JD CONSTRUCTION &amp; FORESTRY COMPANY

Occupation (for Individual)

OPERATIONS MANAGER III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : A2019-3276115

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. JONES, DALE, T, ,

Mailing Address 1102 Jami Ct

City  
EvansState  
GAZip Code  
30809-6718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIT CODE IS MISSING FROM LGLENTY

Occupation (for Individual)

PRODUCT PROGRAM MANAGER IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2019

Transaction ID : A2019-3273943

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

C. JONES, DALE, T, ,

Mailing Address 1102 Jami Ct

City  
EvansState  
GAZip Code  
30809-6718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIT CODE IS MISSING FROM LGLENTY

Occupation (for Individual)

PRODUCT PROGRAM MANAGER IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : A2019-3275549

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

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

68.00