

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

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

FOR LINE NUMBER: PAGE 48 OF 390

(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)

Elect - The PAC of the Alabama Farmers Federation

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

A. Chandler, Chris, , ,

Mailing Address 571 Chandler Road

City
GradyState
ALZip Code
36036-7522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alfa Mutual Insurance CompanyOccupation (for Individual)
Farm Specialist Adjuster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.98

Date of Receipt

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

Transaction ID : AC8B9F24A55CE46A4994

Amount of Each Receipt this Period

15.38

☐ Memo Item

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

B. Chandler, Chris, , ,

Mailing Address 571 Chandler Road

City
GradyState
ALZip Code
36036-7522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alfa Mutual Insurance CompanyOccupation (for Individual)
Farm Specialist Adjuster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2019

Transaction ID : A28738C94A65042798A7

Amount of Each Receipt this Period

15.38

☐ Memo Item

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

C. Chandler, Chris, , ,

Mailing Address 571 Chandler Road

City
GradyState
ALZip Code
36036-7522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alfa Mutual Insurance CompanyOccupation (for Individual)
Farm Specialist Adjuster

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

353.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2019

Transaction ID : AADCC6AD5DA304E2697F

Amount of Each Receipt this Period

15.38

☐ Memo Item

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

46.14

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