

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

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

FOR LINE NUMBER: PAGE 12 OF 67

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers PAC

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

A. Chrystal, John, , ,

Mailing Address 1009 Cummings Ave

City
Eau Claire

State
WI

Zip Code
54701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Crop Insurance

Occupation (for Individual)
Claims Processing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.0

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2019

Transaction ID : 1553108474301

Amount of Each Receipt this Period

250.0

☐ Memo Item
Check

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

B. Clarke, Dean, , ,

Mailing Address 5225 Wayne Trace Road

City
Hamilton

State
OH

Zip Code
45011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great American Insurance

Occupation (for Individual)
Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.0

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2019

Transaction ID : 1561501213029

Amount of Each Receipt this Period

500.0

☐ Memo Item
Check

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

C. Connealy, Donald, , ,

Mailing Address 206 Ridgewood Dr

City
Council Bluffs

State
IA

Zip Code
51503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QBE North America

Occupation (for Individual)
Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.0

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Transaction ID : 1556900342515

Amount of Each Receipt this Period

250.0

☐ Memo Item

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

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

1000.00