

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

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

FOR LINE NUMBER: PAGE 24 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. House, Clark, , ,**

Mailing Address 4682 Road 19

City  
Yoder

State  
WY

Zip Code  
82244

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QBE North America

Occupation (for Individual)  
Specialist Crop Adjuster

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 : 1556900342548**

Amount of Each Receipt this Period

250.0

☐ Memo Item

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

**B. Jakway, Douglas, , ,**

Mailing Address 439 Woodlawn Ave

City

Saint Paul

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QBE North America

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

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

**Transaction ID : 1556900344399**

Amount of Each Receipt this Period

1000.0

☐ Memo Item

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

**C. James, Jon W., , ,**

Mailing Address 4824 E. Hart Lane

City

Chillicothe

State

IL

Zip Code

61523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rain & Hail Insurance

Occupation (for Individual)  
Vice President, Clai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2019

**Transaction ID : 1555514454721**

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)..... ►

2250.00