

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 OF 168

☒ 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. Rushing, Jason, , ,**

Mailing Address PO Box 1387

City  
Haleyville

State  
AL

Zip Code  
35565-8387

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alfa Mutual Insurance Company

Occupation (for Individual)  
Adjuster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

06 / 14 / 2019

**Transaction ID : ABF47F40ECB88428190F**

Amount of Each Receipt this Period

16.00

☐ Memo Item

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

**B. Rushing, Jason, , ,**

Mailing Address PO Box 1387

City  
Haleyville

State  
AL

Zip Code  
35565-8387

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alfa Mutual Insurance Company

Occupation (for Individual)  
Adjuster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

06 / 28 / 2019

**Transaction ID : A0E3F4552DCA24323897**

Amount of Each Receipt this Period

16.00

☐ Memo Item

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

**C. Sanders, Anthony, , ,**

Mailing Address 426 Blake Drive

City  
Ozark

State  
AL

Zip Code  
36360-6218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alfa Mutual Insurance Company

Occupation (for Individual)  
Adjuster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.32

Date of Receipt

06 / 28 / 2019

**Transaction ID : A918287E1D25D43D1BF3**

Amount of Each Receipt this Period

15.38

☐ Memo Item

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

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

47.38