

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)

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

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NAME OF COMMITTEE (In Full)

Rain and Hail Insurance Society Political Action Committee

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

A. James, Jon, , ,

Mailing Address 4824 E Hart Ln

City
Chillicothe

State
IL

Zip Code
61523-8916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rain and Hail Insurance Service, Inc.

Occupation (for Individual)
SVP Central Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2020

Transaction ID : 202004017175-2

Amount of Each Receipt this Period

995.00

☐ Memo Item

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

B. Laner, Brent, , ,

Mailing Address 2202 Hummel Valley Rd SW

City
New Philadelphia

State
OH

Zip Code
44663-7511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent Contractor

Occupation (for Individual)
Adjuster

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2020

Transaction ID : 202004017175-16

Amount of Each Receipt this Period

245.00

☐ Memo Item

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

C. Legleiter, Michael, , ,

Mailing Address 16710 Ontario Plz

City
Omaha

State
NE

Zip Code
68130-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rain and Hail Insurance Service, Inc.

Occupation (for Individual)
SVP Great Plains Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2020

Transaction ID : 202004017175-5

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1740.00