

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

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

FOR LINE NUMBER: PAGE 34 OF 303

(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)

Action Committee for Rural Electrification (ACRE) - Natl. Rural Elec. Cooperative Assn.

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

A. Wade, Michael, L., ,

Mailing Address PO Box 1

City
Hondo

State
TX

Zip Code
78861-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medina Electric Co-op, Inc.

Occupation (for Individual)
Dir. of Administrative Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2019

Transaction ID : 1527852300742

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Wade, Michael, L., ,

Mailing Address PO Box 1

City
Hondo

State
TX

Zip Code
78861-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medina Electric Co-op, Inc.

Occupation (for Individual)
Dir. of Administrative Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : 1527852300743

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Shock, Richard, A., ,

Mailing Address 314 W Pearl St

City
Willard

State
OH

Zip Code
44890-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Central Electric Co-op, Inc.

Occupation (for Individual)
Director, Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : 1551652298854

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

135.00

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