

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

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

FOR LINE NUMBER: PAGE 206 OF 303

(check only one)

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

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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. McCliggott, Angel, M., ,**

Mailing Address 7973 E Grand River Ave

City  
Portland

State  
MI

Zip Code  
48875-9717

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HomeWorks Tri-County Electric Co-op

Occupation (for Individual)  
Training Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.24

Date of Receipt

MM / DD / YYYY  
09 / 13 / 2019

**Transaction ID : 5002732295075**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Casper, Michael, J., ,**

Mailing Address PO Box 390

City  
Elizabeth

State  
IA

Zip Code  
61028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jo-Carroll Energy, Inc. NFP

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2019

**Transaction ID : 5020792288134**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Allendorf, Christopher, D., ,**

Mailing Address 322 Apache Ct

City  
Galena

State  
IL

Zip Code  
61036-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jo-Carroll Energy, Inc., NFP

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2019

**Transaction ID : 5034362285977**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

140.00