

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

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

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

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

A. Estrem, Thomas, , ,

Mailing Address 21921 Co Hwy 26

City
Elbow Lake

State
MN

Zip Code
56531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Farmers Agency Inc.

Occupation (for Individual)
Crop Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2019

Transaction ID : SA11AI.7284

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

B. Ferree, Shirley, , ,

Mailing Address 13709 S County Road 300 W

City
Jasonville

State
IN

Zip Code
47438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Springer Insurance & Financial

Occupation (for Individual)
Crop Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : SA11AI.7351

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. Finch, Jack, , ,

Mailing Address PO Box 336

City
Trenton

State
TN

Zip Code
38382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cole & Short Agency

Occupation (for Individual)
Crop Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2019

Transaction ID : SA11AI.7338

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

6000.00

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