

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

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

FOR LINE NUMBER: PAGE 12 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Great America Committee**

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

**A. BOCKORNY, DAVID, , MR.,**

Mailing Address 3101 S BISHOP JONES PL

City  
SIOUX FALLS

State  
SD

Zip Code  
57103-4669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOCKORNY GROUP

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2018

Transaction ID : SA11A.1052

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. FEINGOLD, JEFFREY, , MR.,**

Mailing Address 7410 SEDONA WAY

City  
DELRAY BEACH

State  
FL

Zip Code  
33446-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CEO/PRESIDENT/CHAIRMAN

Occupation (for Individual)  
MCNA DENTAL INSURANCE COMPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2018

Transaction ID : SA11A.1049

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HAMMOND, JOHN, R., MR., III**

Mailing Address 612 E 13TH STREET

City  
INDIANAPOLIS

State  
IN

Zip Code  
46202-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ICE MILLER LLP

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2018

Transaction ID : SA11A.1053

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

15000.00