

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 6  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Pest Control Association Political Action Committee

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

A. Allgood, Jimmy, , ,

Mailing Address P.O. Box 891

City  
Dublin

State  
GA

Zip Code  
31040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Arrow

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.12174

Amount of Each Receipt this Period

970.70

☐ Memo Item  
contribution

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

B. Alonso, Andrew, , ,

Mailing Address 1510 W Broad Street

City  
Columbus

State  
OH

Zip Code  
43222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbus Pest Control

Occupation (for Individual)  
Pest Control Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.12173

Amount of Each Receipt this Period

485.20

☐ Memo Item  
contribution

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

C. Gregory, Philip, , ,

Mailing Address 100 Thornblade Blvd

City  
Greenville

State  
SC

Zip Code  
29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gregory Th' Service That Cares

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2020

Transaction ID : SA11AI.12175

Amount of Each Receipt this Period

250.00

☐ Memo Item  
contribution

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

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

1705.90

1705.90