

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

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

FOR LINE NUMBER: PAGE 38 OF 51  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

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

**A. DeKieffer, Kitty, , Ms.,**

Mailing Address 3002 Melissa Lane

City  
Boulder

State  
CO

Zip Code  
80301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gamma Phi Beta Foundation

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2020

**Transaction ID : SA17.30411**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Non-Contribution Account

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

**B. Delta Eta Corp. Pi Kappa Alpha House Corp.**

Mailing Address PO Box 805

City  
Newark

State  
DE

Zip Code  
19715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2020

**Transaction ID : SA17.30404**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Non-Contribution Account

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

**C. Delta Gamma Fraternity Housing Corp.**

Mailing Address 3220 Riverside Drive  
Ste. A-2

City  
Columbus

State  
OH

Zip Code  
43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2020

**Transaction ID : SA17.30400**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Non-Contribution Account

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

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

7000.00