

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 6

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Services Group of America Political Action Committee (SGA PAC)

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

A. Smith, Peter, K., ,

Mailing Address 9539 E. Chino Drive

City
Scottsdale

State
AZ

Zip Code
85255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Services Group of America, Inc

Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period

416.68

☐ Memo Item

Payroll Deduction--\$208.34 per pay period

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

B. Twist, Steven, J., ,

Mailing Address 13870 N. 98th Pl.

City
Scottsdale

State
AZ

Zip Code
85260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Services Group of America, Inc

Occupation (for Individual)
VP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11AI.5814

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction--\$100.00 per pay period

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

C.

Mailing Address

City

State

Zip Code

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 ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

616.68

616.68