

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

AIR TRANSPORT SERVICES GROUP, INC. PAC

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

A. PRADETTO, JAMES, T, ,

Mailing Address 5440 MASON GRAND DR

 City
 MASON

 State
 OH

 Zip Code
 45040

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 LGSTX SERVICES, INC.

 Occupation (for Individual)
 VP OF OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 520.00

Date of Receipt

 M M / D D / Y Y Y Y
 12 31 2019

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period

 260.00
☐ Memo Item
 P/R DEDUCTION

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

B. REED, TODD, B., ,

Mailing Address 1168 PEGGY LANE

City

WILMINGTON

State

OH

Zip Code

45177

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 LGSTX SERVICES, INC.

 Occupation (for Individual)
 DIR FACILITIES SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 260.00

Date of Receipt

 M M / D D / Y Y Y Y
 12 31 2019

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period

 130.00
☐ Memo Item
 P/R DEDUCTION

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

C. ROBBINS, BRUCE, A, ,

Mailing Address 5801 UPPER RIVER ROAD

City

MIAMISBURG

State

OH

Zip Code

45342

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 AIR TRANSPORT INTL, INC.

 Occupation (for Individual)
 DIRECTOR - QUALITY CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

 220.00

Date of Receipt

 M M / D D / Y Y Y Y
 12 31 2019

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period

 90.00
☐ Memo Item
 P/R DEDUCTION

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

 480.00
TOTAL This Period (last page this line number only)..... ►