

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

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

FOR LINE NUMBER: PAGE 7 OF 24

(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. Carnevale, Maureen, , ,

Mailing Address PO Box 535

City
OspreyState
FLZip Code
34229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Non-Profit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : SA11AI.28775

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

B. Corridan, Elizabeth, , ,

Mailing Address 9185 Stonington Place

City
ZionsvilleState
INZip Code
46077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kappa Alpha Theta Fraternity

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2019

Transaction ID : SA11AI.28732

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

C. DeKieffer, Kitty, , Ms.,

Mailing Address 3002 Melissa Lane

City
BoulderState
COZip Code
80301FEC 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 ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2019

Transaction ID : SA11AI.28819

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

300.00

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