

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

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

FOR LINE NUMBER: PAGE 14 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTEE (PLS GOOD NEIGHBOR PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wolfberg, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 22 / 2019 Transaction ID : SA11AI.6033		
Mailing Address 1 S Wacker 36th Floor			Amount of Each Receipt this Period 100.00		
City Chicago	State IL	Zip Code 60606	<input type="checkbox"/> Memo Item Contribution		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) PLS Financial Services			Occupation (for Individual) Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wolfberg, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2019 Transaction ID : SA11AI.6044		
Mailing Address 1 S Wacker 36th Floor			Amount of Each Receipt this Period 150.00		
City Chicago	State IL	Zip Code 60606	<input type="checkbox"/> Memo Item Contribution		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 450.00		
Name of Employer (for Individual) PLS Financial Services			Occupation (for Individual) Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼		
Name of Employer (for Individual)			Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
SUBTOTAL of Receipts This Page (optional).....			250.00		
TOTAL This Period (last page this line number only).....			2950.00		