

# **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)

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

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NAME OF COMMITTEE (In Full)

**GREG PENCE VICTORY**

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

**A. Abington, Bill, , Mr.,**

Mailing Address 234 W Cook Ave

City  
Libertyville

State  
IL

Zip Code  
60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medline Industries Inc.

Occupation (for Individual)  
Executive

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

**B. Brown, Angela, , Mrs.,**

Mailing Address 11921 W Grandview Dr

City  
Columbus

State  
IN

Zip Code  
47201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested

Occupation (for Individual)  
Info Requested

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2019

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period

1400.00

☒ Memo Item

REATTRIBUTION: FROM SPOUSE

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

**C. Brown, Gregory, W., Dr.,**

Mailing Address 11921 W Grandview Dr

City  
Columbus

State  
IN

Zip Code  
47201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hoosier Pathology

Occupation (for Individual)  
Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2019

Transaction ID : SA11AI.5398

Amount of Each Receipt this Period

2800.00

☐ Memo Item

See Reattribution and/or Redesignation below

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

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

3060.73