

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 11

(check only one)

☒ 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)

STOLL KEENON OGDEN FED PAC

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

A. Sheller, John, O., ,

Mailing Address 300 West Vine Street, Suite 2100

City
LexingtonState
KYZip Code
40507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stoll Keenon Ogden

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2020

Transaction ID : SA11AI.4843

Amount of Each Receipt this Period

263.97

☐ Memo Item
Political Contribution

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

B. Vance, Palmer, Gene, ,

Mailing Address 300 West Vine Street, Suite 2100

City
LexingtonState
KYZip Code
40507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stoll Keenon Ogden PLLC

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2020

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period

290.37

☐ Memo Item
Political Contribution

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).....▶

554.34

3783.57