

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 OF 353
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)  
**Norfolk Southern Corporation Good Government Fund**

Full Name (Last, First, Middle Initial) <b>A. Patrick A Johnson</b>		Date of Receipt
Mailing Address 1675 Hunters Pointe Ct		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City State Zip Code Mt Zion IL 62549		<b>Transaction ID : A2015-2191173</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Name of Employer Norfolk Southern Corporation	Occupation Manager Locomotive Shop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3541.61"/>	

Full Name (Last, First, Middle Initial) <b>B. Patrick A Johnson</b>		Date of Receipt
Mailing Address 1675 Hunters Pointe Ct		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code Mt Zion IL 62549		<b>Transaction ID : A2015-2191890</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Name of Employer Norfolk Southern Corporation	Occupation Manager Locomotive Shop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3749.94"/>	

Full Name (Last, First, Middle Initial) <b>C. Donne W Jones</b>		Date of Receipt
Mailing Address 5703 GRANBY ST		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City State Zip Code NORFOLK VA 23505-4810		<b>Transaction ID : A2015-2191386</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Norfolk Southern Corporation	Occupation Health Promotions Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="431.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>