

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

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

FOR LINE NUMBER: PAGE 317 OF 406

(check only one)

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

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NAME OF COMMITTEE (In Full)

Corning Incorporated Employees Political Action Committee (COREPAC)

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

A. Schneider, Eric, , ,

Mailing Address 175 Scenic Dr

City
Horseheads

State
NY

Zip Code
14845-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corning Incorporated

Occupation (for Individual)
Capacity Program Manager, AI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2019

Transaction ID : 2019100216296-283

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Schneider, Eric, , ,

Mailing Address 175 Scenic Dr

City
Horseheads

State
NY

Zip Code
14845-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corning Incorporated

Occupation (for Individual)
Capacity Program Manager, AI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 2019101711925-283

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Schneider, Eric, , ,

Mailing Address 175 Scenic Dr

City
Horseheads

State
NY

Zip Code
14845-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corning Incorporated

Occupation (for Individual)
Capacity Program Manager, AI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : 2019103110295-282

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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