

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

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

FOR LINE NUMBER: PAGE 13 OF 159

(check only one)

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

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NAME OF COMMITTEE (In Full)

DISCOVER FINANCIAL SERVICES POLITICAL ACTION COMMITTEE

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

A. Bertsch, Cindy, , ,

Mailing Address 6500 New Albany Rd E

City
New Albany

State
OH

Zip Code
43054-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Discover Financial Services

Occupation (for Individual)
Director Counterparty Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2019

Transaction ID : 20190802000-193

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Bertsch, Cindy, , ,

Mailing Address 6500 New Albany Rd E

City
New Albany

State
OH

Zip Code
43054-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Discover Financial Services

Occupation (for Individual)
Director Counterparty Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2019

Transaction ID : 20190816000-18

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Bertsch, Cindy, , ,

Mailing Address 6500 New Albany Rd E

City
New Albany

State
OH

Zip Code
43054-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Discover Financial Services

Occupation (for Individual)
Director Counterparty Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : 20190830000-18

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00