

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Altria Group, Inc. Political Action Committee (AltriaPAC)**

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

**A. Gorney, Susan, M, ,**

Mailing Address 3010 Summerhurst Dr

City  
MidlothianState  
VAZip Code  
23113-2181FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Client Services LLCOccupation (for Individual)  
Sr Dir CMI Data & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2020

**Transaction ID : 202005087175-362**

Amount of Each Receipt this Period

47.48

☐ Memo Item

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

**B. Gorney, Susan, M, ,**

Mailing Address 3010 Summerhurst Dr

City  
MidlothianState  
VAZip Code  
23113-2181FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Client Services LLCOccupation (for Individual)  
Sr Dir CMI Data & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2020

**Transaction ID : 202005227135-362**

Amount of Each Receipt this Period

47.48

☐ Memo Item

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

**C. Gottfried, Kurt, J, ,**

Mailing Address 2911 Noble Ave

City  
RichmondState  
VAZip Code  
23222-3540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Client Services LLCOccupation (for Individual)  
Dir Regulatory Affairs Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

717.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2020

**Transaction ID : 202005087175-1003**

Amount of Each Receipt this Period

73.17

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

168.13

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