

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

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

FOR LINE NUMBER: PAGE 300 OF 327

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Wilson, Gregory, B, ,**

Mailing Address 130 Prince St

City  
Alexandria

State  
VA

Zip Code  
22314-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Client Services LLC

Occupation (for Individual)  
VP Regulatory Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1289.82

Date of Receipt

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

**Transaction ID : 202005087175-518**

Amount of Each Receipt this Period

130.25

☐ Memo Item

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

**B. Wilson, Gregory, B, ,**

Mailing Address 130 Prince St

City  
Alexandria

State  
VA

Zip Code  
22314-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Client Services LLC

Occupation (for Individual)  
VP Regulatory Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1289.82

Date of Receipt

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

**Transaction ID : 202005227135-518**

Amount of Each Receipt this Period

130.25

☐ Memo Item

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

**C. Winch, Lynn, E, ,**

Mailing Address 13318 Edmonton Dr

City  
Midlothian

State  
VA

Zip Code  
23113-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Client Services LLC

Occupation (for Individual)  
Sr Dir FP&A Smokeless

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

871.32

Date of Receipt

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

**Transaction ID : 202005087175-1033**

Amount of Each Receipt this Period

88.50

☐ Memo Item

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

349.00

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