

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

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

FOR LINE NUMBER: PAGE 11 OF 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ashland LLC Political Action Committee for Employees (PACE)

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

A. Davis, William, , ,

Mailing Address 11 Crestview Ln

City  
SpartaState  
NJZip Code  
07871-3860FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland LLCOccupation (for Individual)  
SENIOR COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2017

Transaction ID : 20170818-64-21-43

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Elim, Raga Sayed, , ,

Mailing Address 59 Call Ct

City  
FredericksburgState  
VAZip Code  
22405-2144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland LLCOccupation (for Individual)  
DIRECTOR GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2017

Transaction ID : 20170804-50-21-43

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Elim, Raga Sayed, , ,

Mailing Address 59 Call Ct

City  
FredericksburgState  
VAZip Code  
22405-2144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland LLCOccupation (for Individual)  
DIRECTOR GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2017

Transaction ID : 20170818-50-21-43

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

125.00

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