

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 10
	<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)
NCR CORPORATION POLITICAL ACTION COMMITTEE (NCRPAC)

A. Young, Gary, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Peachford Road
 Suite 1106
 City Dunwoody State GA Zip Code 30338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NCR Corporation Occupation (for Individual) PS MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2017
Transaction ID : C3625386
 Amount of Each Receipt this Period
 20.00
 Memo Item
 * Payroll Deduction:

B. Zivanovic-Smith, Marija, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6317 Still Spring Place
 City Alexandria State VA Zip Code 22315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NCR Corporation Occupation (for Individual) VP CORP MARKETING, COMMS & PI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2017
Transaction ID : C3625394
 Amount of Each Receipt this Period
 80.00
 Memo Item
 * Payroll Deduction:

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	770.00