

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

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

FOR LINE NUMBER: PAGE 70 OF 84

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ameriprise Financial Inc. PAC (Ameriprise PAC)**

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

**A. Williams, Bill, J, ,**

Mailing Address 707 2nd Ave S

City  
Minneapolis

State  
MN

Zip Code  
55474

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ameriprise Financial Inc.

Occupation (for Individual)  
EVP-Ameriprise Franchise Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2020

**Transaction ID : A2020-533681**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Williams, Bill, J, ,**

Mailing Address 707 2nd Ave S

City  
Minneapolis

State  
MN

Zip Code  
55474

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ameriprise Financial Inc.

Occupation (for Individual)  
EVP-Ameriprise Franchise Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2020

**Transaction ID : A2020-572587**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**C. Wilson Thissen, Karen, , ,**

Mailing Address 707 2nd Ave S

City  
Minneapolis

State  
MN

Zip Code  
55474

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ameriprise Financial Inc.

Occupation (for Individual)  
EVP-General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 17 / 2020

**Transaction ID : A2020-41814**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

442.30