

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

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

FOR LINE NUMBER: PAGE 16 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AZOA Services Corp. Political Action Committee (Allianz of America PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kenny, William, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2020 Transaction ID : PR376246523386	
Mailing Address 867 S. Cambridge Avenue			Amount of Each Receipt this Period 70.00	
City Elmhurst	State IL	Zip Code 60126-4524	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$35.00 Semi-Monthly)	
Name of Employer (for Individual) Allianz of America Corp		Occupation (for Individual) Tax Attorney	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stevens, Andrew, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2020 Transaction ID : PR383635923386	
Mailing Address 412 E Windsor Ave			Amount of Each Receipt this Period 160.00	
City Alexandria	State VA	Zip Code 22301-1228	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$80.00 Semi-Monthly)	
Name of Employer (for Individual) Allianz Life North America		Occupation (for Individual) Sr. Director, Government Affairs	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Iyer, Rajiv, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2020 Transaction ID : PR395168723386	
Mailing Address 7127 17th Hole Dr			Amount of Each Receipt this Period 40.00	
City Windsor	State CA	Zip Code 95492-9759	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.00 Annual)	
Name of Employer (for Individual) Allianz Global Risk		Occupation (for Individual) Assistant Vice President	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....			270.00	
TOTAL This Period (last page this line number only).....				