

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

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

FOR LINE NUMBER: PAGE 10 OF 37

(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. Brown, Carolmarie, C., ,

Mailing Address 101 Canal Way

City  
NewarkState  
DEZip Code  
19702-4839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ashland Special

Occupation (for Individual)

DIRECTOR GLOBAL MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2017

Transaction ID : 20171013-41-21-38

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Brown, Carolmarie, C., ,

Mailing Address 101 Canal Way

City  
NewarkState  
DEZip Code  
19702-4839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ashland Special

Occupation (for Individual)

DIRECTOR GLOBAL MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2017

Transaction ID : 2017102721507-40

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. 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 LLC

Occupation (for Individual)

SENIOR COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2017

Transaction ID : 20171013-59-21-38

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

125.00

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