SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

79 FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) Ally Financial Inc. Advocacy Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Holley, Karen, S,, Date of Receipt Mailing Address 7159 Corklan Dr Ste 200 2017 City Zip Code State Transaction ID: A7A8D1EA471AD4591847 FL Jacksonville 32258-4455 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Exec Dir Sales** Ally Financial Inc Payroll Deduction: \$25.00/Bi-Weekly Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Holsbeke, Krista, L, Date of Receipt Mailing Address 5851 Legacy Cir 2017 Ste 200 City State Zip Code Transaction ID: AE5D3F449F93C4C69B20 TX Plano 75024-5977 Amount of Each Receipt this Period FEC ID number of contributing 325.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ally Financial Inc Payroll Deduction: \$25.00/Bi-Weekly Director - HR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Howard, Jacqueline, Janis, Date of Receipt Mailing Address 500 Woodward Ave 29 2017 City State Zip Code Transaction ID: A5C583A78631142428A4 MI Detroit 48226-3416 Amount of Each Receipt this Period FEC ID number of contributing C 130.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction: \$10.00/Bi-Weekly Ally Financial Inc Corp Citizenship Sr. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ____