

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

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

FOR LINE NUMBER: PAGE 233 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Norfolk Southern Corporation Good Government Fund**

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

**A. Spiller, Sarah, E, ,**

Mailing Address 1200 Peachtree St NE

City  
Atlanta

State  
GA

Zip Code  
30309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Norfolk Southern Corporation

Occupation (for Individual)  
Sr Manager Operations Cost

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

**Transaction ID : A2019-2456892**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Spiller, Sarah, E, ,**

Mailing Address 1200 Peachtree St NE

City  
Atlanta

State  
GA

Zip Code  
30309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Norfolk Southern Corporation

Occupation (for Individual)  
Sr Manager Operations Cost

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : A2019-2596924**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Squires, James, A, ,**

Mailing Address 1200 Peachtree St NE

City  
Atlanta

State  
GA

Zip Code  
30309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Norfolk Southern Corporation

Occupation (for Individual)  
Chairman President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3958.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

**Transaction ID : A2019-2456894**

Amount of Each Receipt this Period

208.37

☐ Memo Item

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

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

238.37