

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

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

FOR LINE NUMBER: PAGE 420 OF 766

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Altria Group, Inc. Political Action Committee (AltriaPAC)**

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

**A. McAfee, Mercedes, P, ,**

Mailing Address 84 Botany Dr

City  
Asheville

State  
NC

Zip Code  
28805-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Group Distribution Co

Occupation (for Individual)  
Territory Sales Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2019

**Transaction ID : 201912107134-834**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. McAfee, Mercedes, P, ,**

Mailing Address 84 Botany Dr

City  
Asheville

State  
NC

Zip Code  
28805-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Group Distribution Co

Occupation (for Individual)  
Territory Sales Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2019

**Transaction ID : 201912207134-834**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**c. McCarter, Robert, A, , III**

Mailing Address 3161 19th St N

City  
Arlington

State  
VA

Zip Code  
22201-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Altria Client Services LLC

Occupation (for Individual)  
VP & Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2019

**Transaction ID : 201912107134-1617**

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

228.33

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