

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**CSL EMPLOYEES POLITICAL ACTION COMMITTEE**

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

**A. Fischesser, Kirk, , ,**

Mailing Address 9123 Brehm Road

City  
Cincinnati

State  
OH

Zip Code  
45252

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CSL Behring

Occupation (for Individual)

Corporate Accounts Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.12457

Amount of Each Receipt this Period

50.00

☐ Memo Item

Semi-Monthly Payroll Deductions of \$25.00

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

**B. Frosst, Phyllis, , ,**

Mailing Address 5401 Connecticut Avenue, NW  
Apt. C

City  
Washington

State  
DC

Zip Code  
20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Seqirus

Occupation (for Individual)

Director, Policy and Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : SA11AI.12559

Amount of Each Receipt this Period

50.00

☐ Memo Item

Biweekly Payroll Deductions of \$25.00

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

**C. Grant, Julia, , Ms,**

Mailing Address 1703 22nd Court North

City  
Arlington

State  
VA

Zip Code  
22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CSL Behring

Occupation (for Individual)

Director, US Healthcare Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2019

Transaction ID : SA11AI.12557

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

600.00