

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

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

FOR LINE NUMBER: PAGE 95 OF 270

(check only one)

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

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NAME OF COMMITTEE (In Full)

Trans Union LLC Political Action Committee

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

A. Hakel, Geoffrey, , ,

Mailing Address 555 W. Adams St

City
Chicago

State
IL

Zip Code
60661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Transunion

Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID : SA11AI.10566

Amount of Each Receipt this Period

100.00

☐ Memo Item

POLITICAL CONTRIBUTION

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

B. Hakel, Geoffrey, , ,

Mailing Address 555 W. Adams St

City
Chicago

State
IL

Zip Code
60661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Transunion

Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2019

Transaction ID : SA11AI.10629

Amount of Each Receipt this Period

100.00

☐ Memo Item

POLITICAL CONTRIBUTION

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

C. Hakel, Geoffrey, , ,

Mailing Address 555 W. Adams St

City
Chicago

State
IL

Zip Code
60661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Transunion

Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2019

Transaction ID : SA11AI.10690

Amount of Each Receipt this Period

100.00

☐ Memo Item

POLITICAL CONTRIBUTION

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

300.00

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