

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

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

FOR LINE NUMBER: PAGE 486 OF 970

(check only one)

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

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)

**AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)**

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

**A. Ladner, Randall, , ,**

Mailing Address 6 Greenbriar Dr

City  
Gulfport

State  
MS

Zip Code  
39507-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAIC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : E\_20190315\_52

Amount of Each Receipt this Period

104.17

☐ Memo Item

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

**B. Ladner, Randall, , ,**

Mailing Address 6 Greenbriar Dr

City  
Gulfport

State  
MS

Zip Code  
39507-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAIC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2019

Transaction ID : E\_20190331\_52

Amount of Each Receipt this Period

104.17

☐ Memo Item

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

**C. Ladwig, Sara, , ,**

Mailing Address PO Box 173

City  
Breda

State  
IA

Zip Code  
51436-0173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A201902262494-815

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

218.34