

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

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

FOR LINE NUMBER: PAGE 415 OF 499  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Windstream Corporation Political Action Committee**

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

**A. Strickland, Paul, , ,**

Mailing Address 1720 Galleria Blvd

City  
Charlotte

State  
NC

Zip Code  
28270-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Windstream Services, LLC

Occupation (for Individual)  
Director-Customer Care

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID : SA11AI.83459

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Strickland, Paul, , ,**

Mailing Address 1720 Galleria Blvd

City  
Charlotte

State  
NC

Zip Code  
28270-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Windstream Services, LLC

Occupation (for Individual)  
Director-Customer Care

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID : SA11AI.83636

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Strickland, Paul, , ,**

Mailing Address 1720 Galleria Blvd

City  
Charlotte

State  
NC

Zip Code  
28270-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Windstream Services, LLC

Occupation (for Individual)  
Director-Customer Care

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID : SA11AI.83817

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00