

# **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)

Visa, Inc. Political Action Committee

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

**A. Cramer, David, B., ,**

Mailing Address 5201 Monument Ave  
4C

City  
Richmond

State  
VA

Zip Code  
23226-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Visa Inc.

Occupation (for Individual)  
Hd of Super Regional Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2020

Transaction ID : 20200116495-67

Amount of Each Receipt this Period

208.00

☐ Memo Item

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

**B. Cramer, David, B., ,**

Mailing Address 5201 Monument Ave  
4C

City  
Richmond

State  
VA

Zip Code  
23226-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Visa Inc.

Occupation (for Individual)  
Hd of Super Regional Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2020

Transaction ID : 202002014174-65

Amount of Each Receipt this Period

208.00

☐ Memo Item

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

**C. Dillon, Catherine, , ,**

Mailing Address 405 Castilian Way

City  
San Mateo

State  
CA

Zip Code  
94402-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Visa Inc.

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2020

Transaction ID : 260069A1-3228-4AA5-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

666.00