

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

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

FOR LINE NUMBER: PAGE 16 OF 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Total System Services, Inc. PAC (TSYS PAC)

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

A. Watson, Patricia, , ,

Mailing Address One TSYS Way

City
Columbus

State
GA

Zip Code
31901-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Total System Services, Inc.

Occupation (for Individual)
SEVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 30 / 2019

Transaction ID : PR2240267349258

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

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

B. Redden, Jay, , ,

Mailing Address P.O. Box 1755

City
Columbus

State
GA

Zip Code
31902-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Total System Services, Inc.

Occupation (for Individual)
Director, Physical Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2019

Transaction ID : PR2248322949258

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

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

C. Priban, Daniel, , ,

Mailing Address P.O. Box 1755

City
Columbus

State
GA

Zip Code
31902-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Total System Services, Inc.

Occupation (for Individual)
Senior Director, Risk & Compliance-CRF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2019

Transaction ID : PR2248323249258

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

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

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

300.00