

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

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

FOR LINE NUMBER: PAGE 64 OF 622

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Synchrony Financial Employees Political Action Committee (SyncPAC)**

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

A. Brown, Aaron, , ,

Mailing Address 777 Long Ridge Rd

City  
Stamford

State  
CT

Zip Code  
06902-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synchrony Financial

Occupation (for Individual)  
SVP of Compensation and Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

Transaction ID : 2019121122175-20

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Brown, Aaron, , ,

Mailing Address 777 Long Ridge Rd

City  
Stamford

State  
CT

Zip Code  
06902-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synchrony Financial

Occupation (for Individual)  
SVP of Compensation and Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

Transaction ID : 2019122522177-20

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Brown, Kristina, , ,

Mailing Address 950 Forrer Blvd

City  
Kettering

State  
OH

Zip Code  
45420-1469

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synchrony Financial

Occupation (for Individual)  
VP Program Manager - Strategic Initiat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : 201910162395-66

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

210.00

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