

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 269 OF 622  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Lamb, Patricia, , ,**

Mailing Address 777 Long Ridge Rd

City  
StamfordState  
CTZip Code  
06902-1247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Synchrony Financial

Occupation (for Individual)

VP, Business Continuity - Enterprise O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

**Transaction ID : 2019111322175-127**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Lamb, Patricia, , ,**

Mailing Address 777 Long Ridge Rd

City  
StamfordState  
CTZip Code  
06902-1247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Synchrony Financial

Occupation (for Individual)

VP, Business Continuity - Enterprise O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

**Transaction ID : 2019112722177-127**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Lamb, Patricia, , ,**

Mailing Address 777 Long Ridge Rd

City  
StamfordState  
CTZip Code  
06902-1247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Synchrony Financial

Occupation (for Individual)

VP, Business Continuity - Enterprise O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

**Transaction ID : 2019121122175-126**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

60.00

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