

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

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

FOR LINE NUMBER: PAGE 92 OF 99

(check only one)

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

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NAME OF COMMITTEE (In Full)

Primerica Inc Political Action Committee (PRIMERICA PAC)

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

A. Wheeler, Lisa, J, ,

Mailing Address 1 Primerica Pkwy

City
Duluth

State
GA

Zip Code
30099-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Primerica Financial Services, LLC

Occupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : 201912109135-21

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Whittemore, Kathleen, , ,

Mailing Address 1 Primerica Pkwy

City
Duluth

State
GA

Zip Code
30099-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Primerica Life Insurance

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : 2019112016175-10

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Whittemore, Kathleen, , ,

Mailing Address 1 Primerica Pkwy

City
Duluth

State
GA

Zip Code
30099-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Primerica Life Insurance

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : 201912109135-10

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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