

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 146

(check only one)

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

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NAME OF COMMITTEE (In Full)

Transamerica Corporation PAC

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

A. Lloyd, William, , ,

Mailing Address 14 Fairway Dr

City
FriscoState
TXZip Code
75034-6867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Transamerica Life Insurance CompanyOccupation (for Individual)
501480 - Advanced Markets Health Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID : AE48F31AE5AE4487F835

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Healy, Brian, , ,

Mailing Address 100 Light St
FI B1City
BaltimoreState
MDZip Code
21202-1098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Transamerica Life Insurance CompanyOccupation (for Individual)
501308 - VP Dir Employee Benefits Pre

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : ABAFFFAFC9EED443B995

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Smith, Shawn, , ,

Mailing Address 28556 Malabar Rd

City
Trabuco CanyonState
CAZip Code
92679-1175FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Transamerica Life Insurance CompanyOccupation (for Individual)
501315 - AVP Employee Benefit Sales

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
12 / 13 / 2019

Transaction ID : A31C6FE66D3B34F21884

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

60.00

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