

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

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

FOR LINE NUMBER: PAGE 22 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

AZOA Services Corp. Political Action Committee (Allianz of America PAC)

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

A. Matz, Darcy, , ,

Mailing Address 17051 72nd Avenue North

City
Maple Grove

State
MN

Zip Code
55311-4564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allianz Life North America

Occupation (for Individual)
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR381838121931

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

B. Stevens, Andrew, , ,

Mailing Address 412 E Windsor Ave

City
Alexandria

State
VA

Zip Code
22301-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allianz Life North America

Occupation (for Individual)
Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR383635921931

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$80.00 Semi-Monthly)

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

C. Galloway, Ian, , ,

Mailing Address 2508 Mission Road

City
Edmond

State
OK

Zip Code
73034-6868

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allianz Global Risk

Occupation (for Individual)
Senior Claims Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR385913321931

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Annual)

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

220.00

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