

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

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

FOR LINE NUMBER: PAGE 59 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Capital One Financial Corp. Assoc. Political Fund**

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

A. Johnston, Anne, B, ,

Mailing Address 42430 Julia St

City  
Ashburn

State  
VA

Zip Code  
20148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capital One Financial Corp.

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : A2019-2948423

Amount of Each Receipt this Period

30.77

☐ Memo Item

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

B. Johnston, Anne, B, ,

Mailing Address 42430 Julia St

City  
Ashburn

State  
VA

Zip Code  
20148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capital One Financial Corp.

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.02

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : A2019-2954866

Amount of Each Receipt this Period

30.77

☐ Memo Item

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

C. Joyce, Noreen, G, ,

Mailing Address 48 E. 25th St

City  
Huntington Station

State  
NY

Zip Code  
11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capital One Financial Corp.

Occupation (for Individual)  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

769.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : A2019-2948482

Amount of Each Receipt this Period

30.77

☐ Memo Item

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

92.31

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