

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

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

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Commercial Barge Line PAC

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

A. Blocker, Robert, , ,

Mailing Address 10911 Rock Valley Court

City
LouisvilleState
KYZip Code
40241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Commercial Barge LineOccupation (for Individual)
SVP - Sales/Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11AI.22123

Amount of Each Receipt this Period

150.00

☐ Memo Item
\$75.00 semimonthly

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

B. Carman, Jeffery, , ,

Mailing Address 333 Broadway
#8City
LovelandState
OHZip Code
45140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Commercial Barge LineOccupation (for Individual)
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11AI.22137

Amount of Each Receipt this Period

50.00

☐ Memo Item
\$25.00 semimonthly

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

C. Cattoni, Leo, , ,

Mailing Address 9 Katie Road

City
LemontState
ILZip Code
60439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Trans ServicesOccupation (for Individual)
Vice President Chicago Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11AI.22139

Amount of Each Receipt this Period

100.00

☐ Memo Item
\$50.00 semimonthly

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

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

300.00