

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

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

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NAME OF COMMITTEE (In Full)

**AMERICAN INTERNATIONAL GROUP INC. EMPLOYEE POLITICAL ACTION COMMITTEE**

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

**A. Solash, Todd, P, ,**

Mailing Address 3312 Red Rose Dr

City  
EncinoState  
CAZip Code  
91436-4212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American General Life Insurance CompanOccupation (for Individual)  
President & CEO, Individual Retirement

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2020
**Transaction ID : A2EB4E2083C6A44EDABE**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$96.15/Bi-Weekly

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

**B. Tillotson, Frank, A, ,**

Mailing Address 15112 Hawksbill Ct

City  
WoodbridgeState  
VAZip Code  
22193-5831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AIG Employee Services, Inc.Occupation (for Individual)  
Government Relations Officer Sr

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2020
**Transaction ID : ADA1250B9512C4BBD987**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Payroll Deduction: \$57.69/Bi-Weekly

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

307.68

1769.20