

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Ashland LLC Political Action Committee for Employees (PACE)**

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

**A. Brown, Carolmarie, C., ,**

Mailing Address 101 Canal Way

City  
Newark

State  
DE

Zip Code  
19702-4839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland Special

Occupation (for Individual)  
DIRECTOR GLOBAL MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2017

**Transaction ID : 2017111021506-40**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Brown, Carolmarie, C., ,**

Mailing Address 101 Canal Way

City  
Newark

State  
DE

Zip Code  
19702-4839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland Special

Occupation (for Individual)  
DIRECTOR GLOBAL MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2017

**Transaction ID : 2017113021505-40**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Davis, William, , ,**

Mailing Address 11 Crestview Ln

City  
Sparta

State  
NJ

Zip Code  
07871-3860

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashland LLC

Occupation (for Individual)  
SENIOR COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2017

**Transaction ID : 2017111021506-58**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

125.00