

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

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

FOR LINE NUMBER: PAGE 14 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Wells Fargo and Company Employee PAC (aka Wells Fargo Employee PAC)**

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

**A. Baum, Ryan, A, ,**

Mailing Address 400 Capitol Mall

City  
Sacramento

State  
CA

Zip Code  
95814-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLS FARGO BANK, N. A.

Occupation (for Individual)  
Operational Risk Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : 2019091912135-2261**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Bayles, Michael, , ,**

Mailing Address 13 Riverside Ave

City  
Westport

State  
CT

Zip Code  
06880-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLS FARGO BANK, N. A.

Occupation (for Individual)  
Wm SR Dir Inv/Fiduciary Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : 2019091912135-2152**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Beard, Mary, Ann, ,**

Mailing Address 7001 Westown Pkwy

City  
West Des Moines

State  
IA

Zip Code  
50266-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLS FARGO BANK, N. A.

Occupation (for Individual)  
Operational Risk Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : 2019091912135-2118**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

250.00