

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

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

FOR LINE NUMBER: PAGE 10 OF 13

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Safeway Inc. Political Action Committee (Safeway PAC)

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

A. Gossett, Paul, , Mr.,

Mailing Address 10 Granite Lane

City
South Easton

State
MA

Zip Code
02375-1554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safeway Inc.

Occupation (for Individual)
President Retail - Shaws

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : PR869504514769

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$30.00 Weekly)

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

B. Perkins, James, , Mr.,

Mailing Address 3343 S Donnington Place

City
Eagle

State
ID

Zip Code
83616-7074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safeway Inc.

Occupation (for Individual)
President Retail - Acme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : PR887760414769

Amount of Each Receipt this Period

375.00

☐ Memo Item

P/R Deduction (\$75.00 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)..... ►

525.00

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

3870.00