

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)

PAGE 101 OF 1869

☒ 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)

Publix Super Markets, Inc. Associates Political Action Committee

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

A. Barton, Michael, S, ,

Mailing Address PO BOX 407

City
LAKELAND

State
FL

Zip Code
33811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Publix

Occupation (for Individual)

Store Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2019

Transaction ID : 201910105135-156

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Barton, Michael, S, ,

Mailing Address PO BOX 407

City
LAKELAND

State
FL

Zip Code
33811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Publix

Occupation (for Individual)

Store Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 201910175375-154

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Barton, Michael, S, ,

Mailing Address PO BOX 407

City
LAKELAND

State
FL

Zip Code
33811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Publix

Occupation (for Individual)

Store Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2019

Transaction ID : 20191024695-376

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

15.00