

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

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

FOR LINE NUMBER: PAGE 27 OF 38

(check only one)

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

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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. Perkins, James, , Mr.,

Mailing Address 3343 S Donnington Place

City
EagleState
IDZip Code
83616-7074FEC 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 ▼

1875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : PR887760413521

Amount of Each Receipt this Period

1875.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

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

B. Zimmerman, Craig, , Mr.,

Mailing Address 100 DANTON DR

City
METHUENState
MAZip Code
01844-1500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safeway Inc.Occupation (for Individual)
General Mgr C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : PR887760513521

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$10.00 Weekly)

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

C. Goulart, Michael, , Mr.,

Mailing Address 17 School St.

City
FairhavenState
MAZip Code
02719-3220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safeway Inc.Occupation (for Individual)
Mgr District

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : PR887804813521

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$10.00 Weekly)

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

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

2375.00