

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

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

FOR LINE NUMBER: PAGE 65 OF 149

(check only one)

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

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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. Harris, Michelle, A, ,**

Mailing Address PO Box 407

City  
Lakeland

State  
FL

Zip Code  
33802-0407

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 ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2018

**Transaction ID : 201810115295-110**

Amount of Each Receipt this Period

6.00

☐ Memo Item

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

**B. Harris, William, F, , JR**

Mailing Address PO Box 407

City  
Lakeland

State  
FL

Zip Code  
33802-0407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Publix

Occupation (for Individual)  
Asst. Store Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2018

**Transaction ID : 201810045215-109**

Amount of Each Receipt this Period

6.00

☐ Memo Item

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

**C. Harris, William, F, , JR**

Mailing Address PO Box 407

City  
Lakeland

State  
FL

Zip Code  
33802-0407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Publix

Occupation (for Individual)  
Asst. Store Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2018

**Transaction ID : 201810115295-109**

Amount of Each Receipt this Period

6.00

☐ Memo Item

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

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

18.00