

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

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

FOR LINE NUMBER: PAGE 268 OF 904

(check only one)

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

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NAME OF COMMITTEE (In Full)

**United Steelworkers Political Action Fund**

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

A. Davis, William, J, ,

Mailing Address 5412 Borman St

City  
Dublin

State  
VA

Zip Code  
24084-3459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corning

Occupation (for Individual)

Laborer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

Transaction ID : A9B1F6713292C4CFFA5E

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Griffin II, Carl, W, , II

Mailing Address 1001 16th St  
Apt 405

City  
Moline

State  
IL

Zip Code  
61265-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arconic-Davenport

Occupation (for Individual)

Laborer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

Transaction ID : AA5E328A459434597BC1

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Howard, Chad, E, ,

Mailing Address 2035 S Emmas Lane

City  
La Porte

State  
IN

Zip Code  
46350-7450

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arcelormittal BHH

Occupation (for Individual)

Laborer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

Transaction ID : ABEE41F815D9C4BFB93B

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

25.00

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