

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

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

FOR LINE NUMBER: PAGE 74 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

UNITED AIRLINES, INC. POLITICAL ACTION COMMITTEE (UAPAC)

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

A. Solomon, Christopher, M, ,

Mailing Address 9137 174th St

City
Tinley ParkState
ILZip Code
60487-7312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Airlines Inc.Occupation (for Individual)
MD - Digtl Prod Cust & Loylty

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
04 / 15 / 2019

Transaction ID : 201904152135-122

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Solomon, Christopher, M, ,

Mailing Address 9137 174th St

City
Tinley ParkState
ILZip Code
60487-7312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Airlines Inc.Occupation (for Individual)
MD - Digtl Prod Cust & Loylty

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
04 / 30 / 2019

Transaction ID : 201904302135-121

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Spars, Kevin, J., ,

Mailing Address 415 Aristocrat Dr

City
BolingbrookState
ILZip Code
60490-3190FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Airlines Inc.Occupation (for Individual)
MD - Gross Pay

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2019

Transaction ID : 201904152135-132

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

100.00

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