

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

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

FOR LINE NUMBER: PAGE 47 OF 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

District No. 1-PCD, Marine Engineers' Beneficial Assoc. - Political Action Fund (MEBA-PAF)

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

A. Olson, Chris, L, ,

Mailing Address P.O. Box 33361

City
Juneau

State
AK

Zip Code
99803-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alaska Marine Highway Systems

Occupation (for Individual)
Marine Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : 44079385

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Jones, Benjamin, , ,

Mailing Address 1507 Riverview Dr

City
Colbert

State
WA

Zip Code
99005-9614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEBA Vacation Trust

Occupation (for Individual)
Licensed Marine Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : 44079412

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Owen, David E, , ,

Mailing Address 4331 E Country Club Cir

City
Plantation

State
FL

Zip Code
33317-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEBA Vacation Trust

Occupation (for Individual)
Licensed Marine Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : 44079415

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1030.00