

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

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

FOR LINE NUMBER:			PAGE	OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Association of Maryland Pilots Federal PAC FUND

Full Name (Last, First, Middle Initial) A. <u>FLANAGAN, Michael</u>		Date of Receipt <u>04</u> / <u>22</u> / <u>2019</u>
Mailing Address <u>4010 Holly Knoll Drive</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Glen Arm</u>	State <u>MD</u> Zip Code <u>21057</u>	
FEC ID number of contributing federal political committee. <u>C00389601</u>		
Name of Employer <u>Assoc. of MD. Pilots</u> Occupation <u>Ship Pilot</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u>		Aggregate Year-to-Date <u>▼</u>

Full Name (Last, First, Middle Initial) B. <u>BUGLIOTTA, Kevin</u>		Date of Receipt <u>04</u> / <u>22</u> / <u>2019</u>
Mailing Address <u>42 Glen Alpine Road</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Phoenix</u>	State <u>MD</u> Zip Code <u>21131</u>	
FEC ID number of contributing federal political committee. <u>C00389601</u>		
Name of Employer <u>Assoc. of MD Pilot</u> Occupation <u>Ship Pilot</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u>		Aggregate Year-to-Date <u>▼</u>

Full Name (Last, First, Middle Initial) C. <u>Hall, Roger</u>		Date of Receipt <u>04</u> / <u>22</u> / <u>2019</u>
Mailing Address <u>1055 Marriotsville Road</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Marriotsville</u>	State <u>MD</u> Zip Code <u>21104</u>	
FEC ID number of contributing federal political committee. <u>C00389601</u>		
Name of Employer <u>Assoc. of MD Pilot</u> Occupation <u>Ship Pilot</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u>		Aggregate Year-to-Date <u>▼</u>

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

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