

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

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

FOR LINE NUMBER: PAGE 304 OF 441

(check only one)

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

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NAME OF COMMITTEE (In Full)

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

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

A. KIMBALL, ROBERT, A, ,

Mailing Address 13174 PURDY RD

City  
SARDINIAState  
OHZip Code  
45171-9640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UFCW Local No. 75Occupation (for Individual)  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2019

Transaction ID : 17265777

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. LANIER, ANGELA, , ,

Mailing Address 1252 Westfield Drive

City  
MaumeeState  
OHZip Code  
43537-2730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UFCW Local No. 75Occupation (for Individual)  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2019

Transaction ID : 17265778

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. MAGERS, KEVIN, , ,

Mailing Address 7250 Poe Avenue  
Suite 400City  
DaytonState  
OHZip Code  
45414-2698FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UFCW Local No. 75Occupation (for Individual)  
L/U Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2019

Transaction ID : 17265779

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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