

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

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

FOR LINE NUMBER: PAGE 57 OF 74  
(check only one)

<input checked="" 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)

**International Longshore and Warehouse Union -- Political Action Fund**

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

**A. OWENS, MARK, S, ,**

Mailing Address PO BOX 2819

City  
OLYMPIA

State  
WA

Zip Code  
98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PMA

Occupation (for Individual)

Longshore worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : SA11AI.119388**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. OWENS, MARK, S, ,**

Mailing Address PO BOX 2819

City  
OLYMPIA

State  
WA

Zip Code  
98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PMA

Occupation (for Individual)

Longshore worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : SA11AI.119389**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. OWENS, MARK, S, ,**

Mailing Address PO BOX 2819

City  
OLYMPIA

State  
WA

Zip Code  
98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PMA

Occupation (for Individual)

Longshore worker

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  
10 / 29 / 2019

**Transaction ID : SA11AI.119390**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00