

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

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

FOR LINE NUMBER: PAGE 288 OF 1178

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Air Line Pilots Association PAC**

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

**A. Harwood, Richard, H, ,**

Mailing Address 3412 Stettinius Ave

City  
Cincinnati

State  
OH

Zip Code  
45208-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delta Air Lines

Occupation (for Individual)  
Airline Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR39831816668**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$42.50 Semi-Monthly)

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

**B. Martin, Philip, A, ,**

Mailing Address 3401 Lee Parkway Apt 707

City  
Dallas

State  
TX

Zip Code  
75219-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delta Air Lines

Occupation (for Individual)  
Airline Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR39836516668**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Semi-Monthly)

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

**C. Strickland-Sargent, Kim, R, ,**

Mailing Address 1851 W. Byron St.

City  
Chicago

State  
IL

Zip Code  
60613-2729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Airlines

Occupation (for Individual)  
Airline Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR39839716668**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

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

155.00