

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

A. WALKER, AMELIA, , ,

Mailing Address 350 VANDERBILT AVE., 4-E

City
STATEN ISLAND

State
NY

Zip Code
10304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STELLA ORTON HOME CARE AGENCY

Occupation (for Individual)

HOME HEALTH ATTENDANT

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
12 / 31 / 2019

Transaction ID : SA11AI.24032

Amount of Each Receipt this Period

50.00

☐ Memo Item

PAYROLL DEDUCTION

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

B. Walker, Karen, , ,

Mailing Address 3047 ELY AVENUE

City
BRONX

State
NY

Zip Code
10469

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regency Extended Care Center

Occupation (for Individual)
Certified Nursing Assistant

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
08 / 31 / 2019

Transaction ID : SA11AI.24035

Amount of Each Receipt this Period

60.00

☐ Memo Item

PAYROLL DEDUCTION

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

C. Walker, Karen, , ,

Mailing Address 3047 ELY AVENUE

City
BRONX

State
NY

Zip Code
10469

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regency Extended Care Center

Occupation (for Individual)
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : SA11AI.24034

Amount of Each Receipt this Period

60.00

☐ Memo Item

PAYROLL DEDUCTION

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

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

170.00