

# **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)

**Waste Management Employees Better Government Fund**

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

**A. Kaplan, Jerald, A, Mr,**

Mailing Address 728 Granite Springs Road

City

Yorktown Heights

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Waste Management

Occupation (for Individual)

Mgr Environmental Protectn II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR173184011060**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

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

**B. Tsai, John, S, Mr,**

Mailing Address 4705 Maple Street

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Waste Management

Occupation (for Individual)

VP General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR173198511060**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$85.00 Bi-Weekly)

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

**C. Crawford, Vincent, J, Mr,**

Mailing Address 12340 Auburn Road

City

Chardon

State

OH

Zip Code

44024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Waste Management

Occupation (for Individual)

Public Sector Sales Rep III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR173203911060**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

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

240.00