

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input 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)

Dickie, McCamey & Chilcote Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joseph S. D. Christor, II

Mailing Address

Two PPG Place - Suite 400

City
Pittsburgh

State
PA

Zip Code
15222-5402

FEC ID number of contributing
federal political committee.

C 0 0 1 6 9 4 4 1

Name of Employer (for Individual)
Dickie, McCamey & Chilcote

Occupation (for Individual)
Attorney

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0

Date of Receipt

0 2 / 0 5 / 2 0 1 9

Amount of Each Receipt this Period

2 5 0 0 0

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
William D. Clifford

Mailing Address

Two PPG Place - Suite 400

City
Pittsburgh

State
PA

Zip Code
15222-5402

FEC ID number of contributing
federal political committee.

C 0 0 1 6 9 4 4 1

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 5 0 0 0

Date of Receipt

0 2 / 0 5 / 2 0 1 9

Amount of Each Receipt this Period

3 5 0 0 0

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Michael D. Faber

Mailing Address

Two PPG Place - Suite 400

City
Pittsburgh

State
PA

Zip Code
15222-5402

FEC ID number of contributing
federal political committee.

C 0 0 1 6 9 4 4 1

Name of Employer (for Individual)
Dickie McCamey & Chilcote

Occupation (for Individual)
Attorney

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0 0

Date of Receipt

0 2 / 0 5 / 2 0 1 9

Amount of Each Receipt this Period

2 0 0 0 0

☐ Memo Item

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

8 0 0 0 0

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