

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

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

FOR LINE NUMBER: PAGE 811 OF 972

(check only one)

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

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NAME OF COMMITTEE (In Full)

United Steelworkers Political Action Fund

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

A. Carey, Terry, L, ,

Mailing Address 780 Sherman Rd

City
Chillicothe

State
OH

Zip Code
45601-1360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pixelle Spec Sol (frmly Glatfelter Pri

Occupation (for Individual)
Laborer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID : AACAF8684D24C47F28ED

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Walsh, William, J, ,

Mailing Address 6324 Nebraska Ave

City
Hammond

State
IN

Zip Code
46323-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Steel Corporation

Occupation (for Individual)
Common - Production & Maintenance V

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID : A40CBC3F029FB46ED8A1

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Lane, Brian, , ,

Mailing Address 2670 S 725 W

City
North Judson

State
IN

Zip Code
46366-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Indiana Public Service Co

Occupation (for Individual)
Laborer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID : A7603033D24DF4E2FAB3

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

50.00