

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

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

FOR LINE NUMBER: PAGE 7 OF 130

(check only one)

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

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NAME OF COMMITTEE (In Full)

UNITED PILOTS PAC/United Airlines Master Executive Council

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

A. Anderson, Phillip Ivar, , ,

Mailing Address 1144 Jeanne Ct

City

Crown Point

State

IN

Zip Code

46307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

United Airlines

Occupation (for Individual)

Pilot

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2019

Transaction ID : SA11AI.152978

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Anderson, Phillip Ivar, , ,

Mailing Address 1144 Jeanne Ct

City

Crown Point

State

IN

Zip Code

46307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

United Airlines

Occupation (for Individual)

Pilot

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2019

Transaction ID : SA11AI.152979

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Anderson, Phillip Ivar, , ,

Mailing Address 1144 Jeanne Ct

City

Crown Point

State

IN

Zip Code

46307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

United Airlines

Occupation (for Individual)

Pilot

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : SA11AI.152980

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

45.00

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