

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)

Safeway Inc. Political Action Committee (Safeway PAC)

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

A. Perillo, John, , Mr.,

Mailing Address 76 127 Kamehamalu St

City
Kailua Kona

State
HI

Zip Code
96740-8937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safeway Inc.

Occupation (for Individual)
Store Director VI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR11199316766

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$5.00 Weekly)

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

B. Beltran, Jeffrey, , Mr.,

Mailing Address PO box 1154

City
Healdsburg

State
CA

Zip Code
95448-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safeway Inc.

Occupation (for Individual)
Store Director IV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR111204816766

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$5.00 Weekly)

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

C. Jones, Roger, , Mr.,

Mailing Address 28517 NE 153rd St

City
Duvall

State
WA

Zip Code
98019-8550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safeway Inc.

Occupation (for Individual)
Store Director II

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR111205516766

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$5.00 Weekly)

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

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

390.00