

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

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

FOR LINE NUMBER: PAGE 16 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Kroger Co. Political Action Committee

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

A. ADELMAN, JESSICA, , ,

Mailing Address 3055 FAIRFIELD AVE

City
CINCINNATIState
OHZip Code
45206-1432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KROGER

Occupation (for Individual)

CORPORATE/GROUP VICE PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : PR152594145609

Amount of Each Receipt this Period

1750.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

B. ARMSTRONG, STEPHEN, MICHAEL, ,

Mailing Address 97 GRATIOT BLVD

City
MARYSVILLEState
MIZip Code
48040-1122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KROGER

Occupation (for Individual)

Store Mgr./Unit Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : PR152595045609

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

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

C. ARNOLD, DAVID, L, ,

Mailing Address 27269 BARCLAY WAY

City
SANTA CLARITAState
CAZip Code
91350-8563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KROGER

Occupation (for Individual)

Store Mgr./Unit Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : PR152595145609

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

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

1990.00

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