

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

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

FOR LINE NUMBER: PAGE 33 OF 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Human Rights Campaign PAC**

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

**A. Cabrera, Jose, I., ,**

Mailing Address 1621 Bay Rd  
Apt 1005

City  
Miami Beach

State  
FL

Zip Code  
33139-3260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self

Occupation (for Individual)  
self employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

**Transaction ID : VVBMQPZ9PP8**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Campbell, Steve, , ,**

Mailing Address 45 Cedar Lawn Cir

City  
Galveston

State  
TX

Zip Code  
77551-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UTMB

Occupation (for Individual)  
Healthcare Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

**Transaction ID : VVBMQPZ9DN1**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Cappello, Mark, , ,**

Mailing Address 1511 W Ardmore Ave  
Apt 1

City  
Chicago

State  
IL

Zip Code  
60660-4289

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mt Sinai Hospital

Occupation (for Individual)  
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

**Transaction ID : VVBMQPZ9QN3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00