

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

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

FOR LINE NUMBER: PAGE 208 OF 684

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Americans for Responsible Solutions PAC**

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

**A. Kondo, Gerald, T, ,**

Mailing Address 415 Camino Al Barranco

City

La Selva Beach

State

CA

Zip Code

95076-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Dentist

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  
08 / 01 / 2017

**Transaction ID : C10844167**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Non-Contribution Account

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

**B. Matiella Novak, Maria, , ,**

Mailing Address 521 Rabbitt Hill Rd

City

Riva

State

MD

Zip Code

21140-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins University

Occupation (for Individual)

Scientist/Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2017

**Transaction ID : C10844307**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Non-Contribution Account

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

**C. Harris, Robert, , ,**

Mailing Address 201 E Washington St  
Unit 1002

City

Iowa City

State

IA

Zip Code

52240-3997

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UIHC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2017

**Transaction ID : C10843997**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Non-Contribution Account

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

85.00

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