

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

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

FOR LINE NUMBER: PAGE 20 OF 203

(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. Bolling, Christopher, , ,

Mailing Address 3901 Ledgewood Dr

City  
CincinnatiState  
OHZip Code  
45229-1703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pediatric AssociatesOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2019

Transaction ID : VVBMQP3W1Q1

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Bonsaint, Thomas, , ,

Mailing Address 1020 N Stafford St  
Apt 400City  
ArlingtonState  
VAZip Code  
22201-4635FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RaytheonOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2019

Transaction ID : VVBMQP3WAD3

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Boone, James, L., ,

Mailing Address 15633 NW Saint Andrews Dr

City  
PortlandState  
ORZip Code  
97229-7820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

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  
07 / 20 / 2019

Transaction ID : VVBMQP3W2J4

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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