

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

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

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Making a Responsible Stand for Households in America PAC**

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

A. MAJOR, DIANE, MS.,

Mailing Address 300 NEW JERSEY AVE NW  
 SUITE 900

City  
 WASHINGTON

State  
 DC

Zip Code  
 20001-2271

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 THE D. MAJOR GROUP

Occupation (for Individual)  
 PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 07 / 2018

Transaction ID : SA11A.135193

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

B. SAVARY-TAYLOR, MARY BETH, E., MS.,

Mailing Address 409 MCARTHUR AVE. NE

City  
 VIENNA

State  
 VA

Zip Code  
 22180-3563

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 THE NICKLES GROUP

Occupation (for Individual)  
 PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 07 / 2018

Transaction ID : SA11A.135190

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1500.00

1500.00