

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

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

FOR LINE NUMBER: PAGE 29 OF 189

(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. Butrus, Diane, M., ,

Mailing Address 150 Carondelet Plz  
Unit 801

City  
Clayton

State  
MO

Zip Code  
63105-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIBA Far East, LLC

Occupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2020

Transaction ID : VVBMQQHSBN2

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2020

Transaction ID : VVBMQQHSNG4

Amount of Each Receipt this Period

100.00

☐ 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2020

Transaction ID : VVBMQQHSD59

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)..... ►

300.00