

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

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

FOR LINE NUMBER: PAGE 14 OF 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Help America's Leaders Political Action Committee (HALPAC)**

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

A. Gorman, L.D., , ,

Mailing Address P.O. Box 1097

City  
Hazard

State  
KY

Zip Code  
41702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 25 / 2019

Transaction ID : 1561497934841

Amount of Each Receipt this Period

1000.0

☐ Memo Item  
☐ Check

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

B. Grossman, Joseph L., , ,

Mailing Address 3420 Oakridge Ct

City  
Lexington

State  
KY

Zip Code  
40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Appalachian Regional Healthcare, Inc.

Occupation (for Individual)

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.0

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2019

Transaction ID : 1558711928157

Amount of Each Receipt this Period

250.0

☐ Memo Item  
☐ Check

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

C. Hacker, Marilyn B., , ,

Mailing Address 1804 St. Ives Circle

City  
Lexington

State  
KY

Zip Code  
40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.0

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2019

Transaction ID : 1558710169158

Amount of Each Receipt this Period

250.0

☐ Memo Item  
☐ Check

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

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

1500.00