

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

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

FOR LINE NUMBER: PAGE 9555 OF 25190

(check only one)

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

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NAME OF COMMITTEE (In Full)

End Citizens United

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

A. Harris, Robert, , ,

Mailing Address 1206 Golden Hill Dr

City
IndianapolisState
INZip Code
46208-4106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2018

Transaction ID : VPFN8RMA412

Amount of Each Receipt this Period

- 77.00

☐ Memo Item

Insufficient Funds

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

B. Harris, Robert, , ,

Mailing Address 1206 Golden Hill Dr

City
IndianapolisState
INZip Code
46208-4106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2018

Transaction ID : VPFN8RMA4G0

Amount of Each Receipt this Period

- 77.00

☐ Memo Item

Insufficient Funds

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

C. Harris, Robert, , ,

Mailing Address PO Box 156

City
GrahamState
NHZip Code
03753-0156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisel School Of MedicineOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 25 / 2018

Transaction ID : VPFN8RMZBC0

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

- 139.00

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