

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

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

FOR LINE NUMBER: PAGE 176 OF 284

(check only one)

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

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NAME OF COMMITTEE (In Full)

**SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE ( SRPPIC)**

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

**A. MENDONCA, MICHAEL, S, ,**

Mailing Address 9317 S Kenneth Pl

City  
Tempe

State  
AZ

Zip Code  
85284-3362

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SALT RIVER PROJECT

Occupation (for Individual)

SENIOR DIRECTOR WATER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : AE06D2DF2652E48B8887**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. MICHELIZZI, MONICA, C, ,**

Mailing Address 5559 E Gable Ave

City  
Mesa

State  
AZ

Zip Code  
85206-6707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SALT RIVER PROJECT

Occupation (for Individual)

ATTORNEY SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : A7717A808B32B40EE9B1**

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

**C. MICHELIZZI, MONICA, C, ,**

Mailing Address 5559 E Gable Ave

City  
Mesa

State  
AZ

Zip Code  
85206-6707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SALT RIVER PROJECT

Occupation (for Individual)

ATTORNEY SENIOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : A450F0046F4044318B88**

Amount of Each Receipt this Period

9.00

☐ Memo Item

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

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

38.00