

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

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

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Florida Homeowners Protection PAC**

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

**A. Fifer, Sheila, K, ,**

Mailing Address 32 6th Ave

City

San Francisco

State

CA

Zip Code

94118-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Healthcare Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : 10255957

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Hartzell, Dennis, J, ,**

Mailing Address 32 6th Ave

City

San Francisco

State

CA

Zip Code

94118-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Education Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : 10255955

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Klingenstein, Paul, H, ,**

Mailing Address 235 Montgomery St  
Ste 1230

City

San Francisco

State

CA

Zip Code

94104-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aberdare Ventures

Occupation (for Individual)

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 22 / 2020

Transaction ID : 9223854

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

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

30000.00