

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

Holland &amp; Knight Committee for Effective Government

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

A. Mayer, James, , ,

Mailing Address 765 Tour Ct

City  
RiverwoodsState  
ILZip Code  
60015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Holland &amp; Knight

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : B36CAD949ED1428F8E03

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. McAleavey, Tom, , ,

Mailing Address 9045 Great Heron Cir

City  
OrlandoState  
FLZip Code  
32836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Holland &amp; Knight

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : 66CE5E67B07547F28C74

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. McAleavey, Tom, , ,

Mailing Address 9045 Great Heron Cir

City  
OrlandoState  
FLZip Code  
32836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Holland &amp; Knight

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : AEEB697C0C734AD09318

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

1000.00

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