

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 47

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

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NAME OF COMMITTEE (In Full)

**Carolinas Credit Union League Credit Union Defense Fund**

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

**A. Hendrix, Teresa, , ,**

Mailing Address 1930 Caldwell Rd

City  
Campobello

State  
SC

Zip Code  
29322-8779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolina Foothills FCU

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2018

**Transaction ID : AFB066FB3EE084F90A39**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Whitehurst, Sam, , ,**

Mailing Address 1401 Woodford Rd.

City  
Lewisville

State  
NC

Zip Code  
27023-7764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Summit CU

Occupation (for Individual)  
CEO

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  
10 / 19 / 2018

**Transaction ID : A143BAD0F9AA04CE1854**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Harris, Robert, , ,**

Mailing Address 790 Boone Circle

City  
Florence

State  
SC

Zip Code  
29501-9037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Facilities Federal Credit Union

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2018

**Transaction ID : AC933AA7A509140BA983**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

90.00