

**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 20 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Innovation Political Action Committee

A. TEAM MCHENRY

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

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
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FEC ID number of contributing federal political committee. **C** C00544650

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
74248.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2023

Transaction ID : SA12.43267

Amount of Each Receipt this Period
45000.00

Memo Item
TRANSFER

B. ALALA, JOE, B., MR., III

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

Mailing Address 4201 CONGRESS STREET SUITE 360

City CHARLOTTE	State NC	Zip Code 28209-4636
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAPITALA GROUP	Occupation (for Individual) CEO OF ASSET MANAGER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2023

Transaction ID : SA.40911.3.0623

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

PARTNERSHIP ATTRIB: CAPITALA INVESTMENT GROUP LLC

C. ANDREESSEN, LAURA, , ,

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

Mailing Address PO BOX 1707

City LOS ALTOS	State CA	Zip Code 94023-1707
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2023

Transaction ID : SA.41107.3.0623

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM TEAM MCHENRY

SUBTOTAL of Receipts This Page (optional).....	45000.00
TOTAL This Period (last page this line number only).....	