

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Multifamily Housing Council Political Action Committee**

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

**A. Fitzgerald, Grant, , ,**

Mailing Address 40 Highland Ln

City  
Chagrin Falls

State  
OH

Zip Code  
44022-3258

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus & Millichap

Occupation (for Individual)  
Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : 81494015**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Weaver, Logan, , ,**

Mailing Address 4924 W 57th St

City  
Roeland Park

State  
KS

Zip Code  
66205-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus & Millichap

Occupation (for Individual)  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : 81494016**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. MacLaren, Donald, R., , Jr.**

Mailing Address 1070 Wood Tor Circle

City  
Wayne

State  
PA

Zip Code  
19087-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marcus & Millichap

Occupation (for Individual)  
Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : 81494017**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1300.00