

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

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

FOR LINE NUMBER: PAGE 9 OF 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

Human Rights Campaign Equality Votes PAC

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

A. Bendsen, Les, Warner, ,

Mailing Address 400 Groveland Ave
Apt 2213

City
Minneapolis

State
MN

Zip Code
55403-3250

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ameriprise Financial

Occupation (for Individual)
Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2019

Transaction ID : VVBMQQ8TT23

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Bernhoft, Gerald, S., ,

Mailing Address 3300 S Plum St

City
Seattle

State
WA

Zip Code
98144-4944

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holland-America

Occupation (for Individual)
Sales Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2019

Transaction ID : VVBMQQ8TR29

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Bieniek, David, , ,

Mailing Address 5208 E Harbor Rd

City
Freeland

State
WA

Zip Code
98249-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Whidbey Health Hospice

Occupation (for Individual)
Bereavement Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2019

Transaction ID : VVBMQQ8TR79

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

6250.00

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