

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

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

FOR LINE NUMBER: PAGE 48 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Santander Holdings USA Inc. PAC (Santander US PAC)

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

A. Dunphy, Patrick, , ,

Mailing Address 8600 Northwood Dr

City

Broadview Hts

State

OH

Zip Code

44147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Santander Bank

Occupation (for Individual)

Assoc Director Market Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : A2019-3297330

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Dunphy, Patrick, , ,

Mailing Address 8600 Northwood Dr

City

Broadview Hts

State

OH

Zip Code

44147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Santander Bank

Occupation (for Individual)

Assoc Director Market Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : A2019-3297351

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Dunphy, Patrick, , ,

Mailing Address 8600 Northwood Dr

City

Broadview Hts

State

OH

Zip Code

44147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Santander Bank

Occupation (for Individual)

Assoc Director Market Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2019

Transaction ID : A2019-3297372

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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