

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

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

FOR LINE NUMBER: PAGE 45 OF 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Human Rights Campaign PAC**

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

**A. Cuming, Richard, , ,**

Mailing Address 1018 Kent Rd

City  
Wilmington

State  
DE

Zip Code  
19807-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Christiana Care Health System

Occupation (for Individual)  
Hospital Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2019

**Transaction ID : VVBMQPNHKS3**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Curtin, Jane, , ,**

Mailing Address PO Box 1070

City  
Sharon

State  
CT

Zip Code  
06069-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JTC Enterprises

Occupation (for Individual)  
Actress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2019

**Transaction ID : VVBMQPNJ135**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Curtis, Marcia, , ,**

Mailing Address 455 Montague Rd

City  
Sunderland

State  
MA

Zip Code  
01375-9498

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Massachusetts Amherst

Occupation (for Individual)  
Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2019

**Transaction ID : VVBMQPNHGD7**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

325.00