

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 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

Carolinas Credit Union League Credit Union Defense Fund

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

A. **Tharp, Judy, , ,**

Mailing Address 397 N. Green St.

City
Winston-Salem

State
NC

Zip Code
27103-2772

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Advantage Credit Union

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2017

Transaction ID : AFF63F013C6E340058B0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. **Moore, Tim, , ,**

Mailing Address 547 N Hiddenbrooke Drive

City
Advance

State
NC

Zip Code
27006-7322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allegacy Federal Credit Union

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2017

Transaction ID : ACC3AB044D1F941EB8BB

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. **Harris, Robert, , ,**

Mailing Address 790 Boone Circle

City
Florence

State
SC

Zip Code
29501-9037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Facilities Federal Credit Union

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2017

Transaction ID : A2B9490C7D26649A39DF

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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