

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

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

FOR LINE NUMBER: PAGE 722 OF 2243

(check only one)

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

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NAME OF COMMITTEE (In Full)

HNTB Holdings Ltd. PAC

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

A. Falkenstein, Steven, , ,

Mailing Address 680 American Avenue
Suite 100

City
King Of Prussia

State
PA

Zip Code
19406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB CORPORATION

Occupation (for Individual)
National Practice Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : INCA10021

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Farrell, Catherine, , ,

Mailing Address 1650 Arch Street
Suite 1700

City
Philadelphia

State
PA

Zip Code
19103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB Corporation

Occupation (for Individual)
Department Manager - Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : INCA9842

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Fazio, Joseph, , ,

Mailing Address 680 American Avenue
Suite 100

City
King Of Prussia

State
PA

Zip Code
19406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB Corporation

Occupation (for Individual)
Division Delivery Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : INCA10022

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

70.00

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