

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Mayer, James, , ,**

Mailing Address 2700 Ogden Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

Program Manager II - Engineering

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : INCA11650**

Amount of Each Receipt this Period

30.00

☐

Memo Item

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

**B. Mazzeo, Peter, , ,**

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)

Department Manager - Engineering

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : INCA11590**

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

**C. McAndrews, Robert, , ,**

Mailing Address One South Wacker Drive  
Suite 900

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

Group Director

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : INCA11724**

Amount of Each Receipt this Period

60.00

☐

Memo Item

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

110.00

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