

# **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)

**Wells Fargo and Company Employees Good Government Federal Fund II**

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

**A. Hardin, Robert, C, ,**

Mailing Address 909 Fannin St

City  
Houston

State  
TX

Zip Code  
77010-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLS FARGO CLEARING SERVICES, LLC

Occupation (for Individual)  
Pcg Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2019

**Transaction ID : 2019102116455-2721**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Hardin, Robert, C, ,**

Mailing Address 909 Fannin St

City  
Houston

State  
TX

Zip Code  
77010-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLS FARGO CLEARING SERVICES, LLC

Occupation (for Individual)  
Pcg Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

**Transaction ID : 2019111412416-2634**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Hardin, Robert, C, ,**

Mailing Address 909 Fannin St

City  
Houston

State  
TX

Zip Code  
77010-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLS FARGO CLEARING SERVICES, LLC

Occupation (for Individual)  
Pcg Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

**Transaction ID : 2020010211535-2581**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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