

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

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

FOR LINE NUMBER: PAGE 17 OF 138

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Georgia Federal Elections Committee

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

A. Haas, Leonard, , ,

Mailing Address 3459 Tanbark Ct NE

City

Brookhaven

State

GA

Zip Code

30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : C11365503

Amount of Each Receipt this Period

318.00

☐ Memo Item

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

B. Bolyard, Melissa, , ,

Mailing Address 706 East Ponce de Leon

City

Decatur

State

GA

Zip Code

30030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emory

Occupation (for Individual)

Educational Reseacher

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

Transaction ID : C11361984

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Hanes, Timothy, , ,

Mailing Address 2518 Coralwood Dr

City

Atlanta

State

GA

Zip Code

30033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Atlanta Radiology

Occupation (for Individual)

Physician

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

Transaction ID : C11362014

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

448.00

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