

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

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

FOR LINE NUMBER: PAGE 599 OF 1567

(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)

**VOTESANE PAC**

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

**A. ZEBLEY, BEAU, , ,**

Mailing Address 614 N. DUPONT HWY

City  
DOVER

State  
DE

Zip Code  
19901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OLSON REALTY

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2019

**Transaction ID : SA11AI.30422**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmark to PATRICK MCHENRY (NC-10-H)

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

**B. TREVOR, LINDA, , ,**

Mailing Address 105 WINDING RIDGE DRIVE

City  
CARY

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RE/MAX UNITED

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2019

**Transaction ID : SA11AI.30423**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmark to PATRICK MCHENRY (NC-10-H)

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

**C. KING, FARON, , ,**

Mailing Address P. O. BOX 1080

City  
HIAWASSEE

State  
GA

Zip Code  
30546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLDWELL BANKER HIGH COUNTRY

Occupation (for Individual)  
BROKER/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2019

**Transaction ID : SA11AI.30424**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmark to PATRICK MCHENRY (NC-10-H)

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

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

1500.00