

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

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

FOR LINE NUMBER: PAGE 35 OF 207

(check only one)

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

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NAME OF COMMITTEE (In Full)

Human Rights Campaign PAC

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

A. Cauble, Wayne, , ,

Mailing Address 89 Sunset Dr

City

New Hope

State

PA

Zip Code

18938-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Restaurateur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2019

Transaction ID : VVBMQQA53C0

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Cavanaugh, Michaela, , ,

Mailing Address 1441 Cornwall St

City

Spring Valley

State

CA

Zip Code

91977-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Diego Neonatology

Occupation (for Individual)

Practice Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2019

Transaction ID : VVBMQQA59F7

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Chalk, Leslie, , ,

Mailing Address 537 Fallis Rd

City

Columbus

State

OH

Zip Code

43214-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grange Insurance

Occupation (for Individual)

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2019

Transaction ID : VVBMQQA5177

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00