

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

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

FOR LINE NUMBER: PAGE 40 OF 183

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Human Rights Campaign Equality Votes**

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

**A. Murphy, James, A., ,**

Mailing Address 733 Fairfield Rd Apt 6

City  
Burlingame

State  
CA

Zip Code  
94010-3779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Truebeck Construction

Occupation (for Individual)  
Preconstruction Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2016

**Transaction ID : C9750708**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Myracle, Richard, , ,**

Mailing Address 2518 W Shell Point Rd

City  
Tampa

State  
FL

Zip Code  
33611-5033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

**Transaction ID : C9750737**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Nazir, Matin, , ,**

Mailing Address 130 Gardenside Drive #304

City  
San Francisco

State  
CA

Zip Code  
94131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VIVA Physicians

Occupation (for Individual)  
Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2016

**Transaction ID : C9751481**

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

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

825.00