

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

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

FOR LINE NUMBER: PAGE 144 OF 303

(check only one)

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

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NAME OF COMMITTEE (In Full)

HNTB Holdings Ltd. PAC

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

A. Wallace, Kevin, , ,

Mailing Address 715 Kirk Drive

City  
Kansas City

State  
MO

Zip Code  
64105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Group Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

Transaction ID : INCA22213

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Walsh, Gary, , ,

Mailing Address 161 N.W. 6th Street  
Suite 1000

City  
Miami

State  
FL

Zip Code  
33136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Sr Project Manager - Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

Transaction ID : INCA22214

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Walshe, Joseph, , ,

Mailing Address 610 Crescent Executive Court  
Suite 400

City  
Lake Mary

State  
FL

Zip Code  
32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

Transaction ID : INCA22507

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

100.00

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