

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

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

A. EVANS, CATHERINE, A., Ms.,

 Mailing Address 430 1st St SE
 FI 3

 City
 Washington

 State
 DC

 Zip Code
 20003-1826

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 American Trucking Associations

 Occupation (for Individual)
 Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : A7C79B47E254347A0B18

Amount of Each Receipt this Period

☐ Memo Item

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

B. EVANS, CATHERINE, A., Ms.,

 Mailing Address 430 1st St SE
 FI 3

 City
 Washington

 State
 DC

 Zip Code
 20003-1826

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 American Trucking Associations

 Occupation (for Individual)
 Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : A19416E87CBCC4D7A8E8

Amount of Each Receipt this Period

☐ Memo Item

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

C. COSTELLO, ROBERT, P., Mr.,

 Mailing Address 950 N Glebe Rd
 Ste 210

 City
 Arlington

 State
 VA

 Zip Code
 22203-4181

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 American Trucking Associations

 Occupation (for Individual)
 Senior Vice President & Chief Economis

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : AA76F1C0E868245FFBD5

Amount of Each Receipt this Period

☐ Memo Item

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

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