

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

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

FOR LINE NUMBER: PAGE 56 OF 194

(check only one)

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

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NAME OF COMMITTEE (In Full)

TEAM HOLCOMB

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

A. Hoffman, Abbey, , Ms.,

Mailing Address 450 Keeneland Ln

City

Greenwood

State

IN

Zip Code

46142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Grove Eye Care PC

Occupation (for Individual)

Medical Professional

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2019

Transaction ID : SA11AI.7738

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hoffman, Gregory, L., Mr.,

Mailing Address 6101 Sweetbay Dr

City

Crestwood

State

KY

Zip Code

40014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Farm Credit Of Mid-america

Occupation (for Individual)

Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2019

Transaction ID : SA11AI.7876

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Hoffman, Taylor, W., Mr.,

Mailing Address 77 East Laredo Way North

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Norman & Miller Eyecare

Occupation (for Individual)

Medical Professional

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : SA11AI.7706

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1050.00

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