

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

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

FOR LINE NUMBER: PAGE 47 OF 1869

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HNTB Holdings Ltd. PAC

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

A. Gale, Christopher, , ,

Mailing Address 111 Monument Circle
Suite 1200

City
Indianapolis

State
IN

Zip Code
46204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB Corporation

Occupation (for Individual)
Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2019

Transaction ID : INCA168

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Gallagher, Vincent, , ,

Mailing Address 1650 Arch Street
Suite 1700

City
Philadelphia

State
PA

Zip Code
19103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB Corporation

Occupation (for Individual)
Sr Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2019

Transaction ID : INCA169

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Garcia, Ramiro, , ,

Mailing Address 5910 W. Plano Parkway
Suite 200

City
Plano

State
TX

Zip Code
75093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB Corporation

Occupation (for Individual)
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2019

Transaction ID : INCA171

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

185.00

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