

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Roane, John, , ,**

Mailing Address 7400 West 129th Street  
Suite 100

City  
Overland Park

State  
KS

Zip Code  
66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Division Delivery Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

**Transaction ID : INCA402**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. Roberts, Sara, , ,**

Mailing Address 343 E. Six Forks Road  
Suite 200

City  
Raleigh

State  
NC

Zip Code  
27609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Division Business Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

**Transaction ID : INCA403**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Robinson, Benjamin, , ,**

Mailing Address 191 Peachtree Street, NE  
Suite 3300

City  
Atlanta

State  
GA

Zip Code  
30303

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 ▼

390.00

Date of Receipt

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

**Transaction ID : INCA404**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

110.00