

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

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

FOR LINE NUMBER: PAGE 337 OF 1869

(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. Haywood, Alan, , ,**

Mailing Address Austin Centre

701 Brazos, Suite 450

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

Growth Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : INCA1804**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Heilmeier, Timothy, , ,**

Mailing Address 2900 South Quincy Street

Suite 600

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

Division Operations Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : INCA1805**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Henderson, Dennis, , ,**

Mailing Address 401 B Street

Suite 510

City

San Diego

State

CA

Zip Code

92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

Sr Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : INCA1806**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

100.00