

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

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

FOR LINE NUMBER: PAGE 805 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. 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 M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : INCA3391

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. 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 M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : INCA3514

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Rocha, Carrie, , ,

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)  
Office Leader III

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  
03 / 15 / 2019

Transaction ID : INCA3567

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

90.00

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