

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1082 OF 1869

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Riegel, Matthew, , ,Mailing Address 9 Entin Road
Suite 202City
ParsippanyState
NJZip Code
7054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB CorporationOccupation (for Individual)
Sr Project Manager - Engineering

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
04		12		2019

Transaction ID : INCA4443

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Roane, John, , ,Mailing Address 7400 West 129th Street
Suite 100

City

Overland Park

State
KSZip Code
66213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB CorporationOccupation (for Individual)
Division Delivery Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2019

Transaction ID : INCA4714

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Roberts, Sara, , ,Mailing Address 343 E. Six Forks Road
Suite 200

City

Raleigh

State
NCZip Code
27609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HNTB CorporationOccupation (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
04		12		2019

Transaction ID : INCA4444

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00