

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

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

FOR LINE NUMBER: PAGE 1238 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. Stromsted, Robert, , ,

Mailing Address Empire State Building

350 Fifth Avenue, 57th Floor

City

New York

State

NY

Zip Code

10118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

National Pursuit Champion

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2019

Transaction ID : INCA5306

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Sweeney, Bartholomew, , ,

Mailing Address 55 Capital Blvd.

4th Floor

City

Rocky Hill

State

CT

Zip Code

6067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

Sr Project Manager - Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2019

Transaction ID : INCA5108

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Sweeney, Michael, , ,

Mailing Address Empire State Building

350 Fifth Avenue, 57th Floor

City

New York

State

NY

Zip Code

10118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HNTB Corporation

Occupation (for Individual)

Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2019

Transaction ID : INCA5307

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

230.00

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