

# **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. Gale, Christopher, , ,**

Mailing Address 111 Monument Circle  
Suite 1200

City  
Indianapolis

State  
IN

Zip Code  
46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2019

**Transaction ID : INCA5680**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Gallagher, Vincent, , ,**

Mailing Address 1650 Arch Street  
Suite 1700

City  
Philadelphia

State  
PA

Zip Code  
19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Sr Program Manager

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  
05 / 10 / 2019

**Transaction ID : INCA5834**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Garcia, Ramiro, , ,**

Mailing Address 5910 W. Plano Parkway  
Suite 200

City  
Plano

State  
TX

Zip Code  
75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HNTB Corporation

Occupation (for Individual)  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2019

**Transaction ID : INCA5707**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

185.00