

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

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

FOR LINE NUMBER: PAGE 140 OF 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Human Rights Campaign PAC

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

A. Schreiber, Kurt, G., ,

Mailing Address 405 Bushnell St

City  
NashvilleState  
TNZip Code  
37206-1820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : VVBMQQMJQM1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Schuock, Lewis, , ,

Mailing Address 215 20th Ave E

City  
SeattleState  
WAZip Code  
98112-5379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FS NetworksOccupation (for Individual)  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : VVBMQQMJJKJ6

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Scott, Ray, , ,

Mailing Address 306 S Windomere Ave  
Apt 201City  
DallasState  
TXZip Code  
75208-5825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State FarmOccupation (for Individual)  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2020

Transaction ID : VVBMQQMJW94

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00