

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 200 OF 4488

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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)

**Devin Nunes Campaign Committee**

Full Name (Last, First, Middle Initial)

**Balson, William, , ,**

**A.**

Mailing Address 11 Ashdown Pl

City

Half Moon Bay

State

CA

Zip Code

94019-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consulting

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2019

Transaction ID : AE8F8621A05D64CFB9F0

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Banahan, James, , ,**

**B.**

Mailing Address 1914 E Loma Ln

City

Phoenix

State

AZ

Zip Code

85020-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Health care

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2019

Transaction ID : AC4C5B7FEFA824269BDC

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Banahan, James, , ,**

**C.**

Mailing Address 1914 E Loma Ln

City

Phoenix

State

AZ

Zip Code

85020-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Health care

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 21 2019

Transaction ID : AE19571C9BFC441FEB66

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)..... ▶

250.00