

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. HILLMAN, LYNN, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1111 HAVEN HOLLOW WAY BLDG 10 City DURHAM State NC Zip Code 27713-6052 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2019 Transaction ID : SA11A.1741463 Amount of Each Receipt this Period 450.00 <input type="checkbox"/> Memo Item CONTRIBUTION
B. HILVERS, NORMA, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 12479 PULLMAN RD City PENNSBORO State WV Zip Code 26415-5623 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2019 Transaction ID : SA11A.1750442 Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION
C. HINES, J., C., DR., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 12590 CHARLOTTE DR. City ALPHARETTA State GA Zip Code 30004-1054 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) ALPHARETTA ANIMAL HOSPITAL Occupation (for Individual) VETERINARIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2019 Transaction ID : SA11A.1747873 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶			575.00
TOTAL This Period (last page this line number only)..... ▶			