

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)

PAGE 35 OF 204

☒ 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. Cauble, Wayne, , ,

Mailing Address 89 Sunset Dr

City
New Hope

State
PA

Zip Code
18938-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Restaurateur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2019

Transaction ID : VVBMQQ8V8M4

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Cavanaugh, Michaela, , ,

Mailing Address 1441 Cornwall St

City
Spring Valley

State
CA

Zip Code
91977-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

San Diego Neonatology

Occupation (for Individual)

Practice Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2019

Transaction ID : VVBMQQ8VFF9

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Chalk, Leslie, , ,

Mailing Address 537 Fallis Rd

City
Columbus

State
OH

Zip Code
43214-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grange Insurance

Occupation (for Individual)

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2019

Transaction ID : VVBMQQ8V7J8

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)..... ►

300.00