

# **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 44 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. Cuming, Richard, , ,**

Mailing Address 1018 Kent Rd

City  
Wilmington

State  
DE

Zip Code  
19807-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Christiana Care Health System

Occupation (for Individual)  
Hospital Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

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

**Transaction ID : VVBMQQ8V6C8**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Curtin, Jane, , ,**

Mailing Address PO Box 1070

City  
Sharon

State  
CT

Zip Code  
06069-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JTC Enterprises

Occupation (for Individual)  
Actress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : VVBMQQ8VHM3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Curtis, Marcia, , ,**

Mailing Address 455 Montague Rd

City  
Sunderland

State  
MA

Zip Code  
01375-9498

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Massachusetts Amherst

Occupation (for Individual)  
Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

995.00

Date of Receipt

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

**Transaction ID : VVBMQQ8V1J5**

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)..... ►

325.00