

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

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

FOR LINE NUMBER: PAGE 6 OF 10

(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)

VOTESANE PAC

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

A. ROBIE, MARK, , ,

Mailing Address 2 FOREST ROW

City
GREAT BARRINGTON

State
MA

Zip Code
01230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHARTER COMMUNICATIONS

Occupation (for Individual)
DIRECT SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.18788

Amount of Each Receipt this Period

100

☐ Memo Item

Earmark to ANGUS KING (ME-00-S)

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

B. HORNE, DAVID, , ,

Mailing Address 4308 BRANDYWINE STREET NW

City
WASHINGTON

State
DC

Zip Code
20016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
GOVERNMENT RELATIONS CONSUL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : SA11AI.18786

Amount of Each Receipt this Period

500

☐ Memo Item

Earmark to SHELLEY MOORE CAPITO (WV-00-S)

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

C. MILLARD, SHARON, , ,

Mailing Address 118 S. 21ST STREET APT. 1308

City
PHILADELPHIA

State
PA

Zip Code
19103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

Transaction ID : SA11AI.18784

Amount of Each Receipt this Period

50

☐ Memo Item

Earmark to KIRSTEN GILLIBRAND (NY-00-S)

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

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

650.00