

**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 93 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CenterPoint Energy, Inc. Political Action Committee**

**A. Sax, Thomas, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11070 Katy Freeway #1239

City Houston	State TX	Zip Code 77043-4763
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CNP Services, Inc.	Occupation (for Individual) DIRECTOR GAS SUPPLY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
827.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

**Transaction ID : PR242960761925**

Amount of Each Receipt this Period  
49.01

Memo Item

P/R Deduction (\$49.01 Semi-Monthly)

**B. Rooney, Katherine, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 Shirkmere

City Houston	State TX	Zip Code 77008-6350
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CNP Service Company, LLC	Occupation (for Individual) Regulatory Analyst
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

**Transaction ID : PR2475252361925**

Amount of Each Receipt this Period  
15.21

Memo Item

P/R Deduction (\$15.21 Semi-Monthly)

**C. Tran, Kim-Thu, P, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4523 STERLING WOOD WAY

City Houston	State TX	Zip Code 77059-3173
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CNP Service Company, LLC	Occupation (for Individual) MANAGER REGULATORY REPORTIN
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

**Transaction ID : PR2480059461925**

Amount of Each Receipt this Period  
31.14

Memo Item

P/R Deduction (\$31.14 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.36
<b>TOTAL</b> This Period (last page this line number only).....	