

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

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

FOR LINE NUMBER: PAGE 33 OF 63

(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)

**Wynn Resorts Limited Initiative for Public Policy**

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

**A. Krum, Jacqui, , ,**

Mailing Address 72 Holworthy St

City  
Cambridge

State  
MA

Zip Code  
02138-4579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WMA

Occupation (for Individual)  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2019

**Transaction ID : A19AD23609112429CAE5**

Amount of Each Receipt this Period

54.00

☐ Memo Item

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

**B. DeSalvio, Robert, , ,**

Mailing Address 150 East St  
Unit 1014

City  
Lexington

State  
MA

Zip Code  
02420-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WMA

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2019

**Transaction ID : AC25E6D280D884693B56**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Stone, Charlie, , ,**

Mailing Address 2826 Bassano Ct

City  
Henderson

State  
NV

Zip Code  
89052-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WLV

Occupation (for Individual)  
SVP - Casino Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2019

**Transaction ID : A3C0C4199C07E4EC186D**

Amount of Each Receipt this Period

54.00

☐ Memo Item

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

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

208.00