

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

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

FOR LINE NUMBER: PAGE 606 OF 1622

(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)

The Home Depot Inc. Political Action Committee

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

A. Harper, Eric, , ,

Mailing Address 109 Birch St
PO BOX 895

City
Jackson Center

State
OH

Zip Code
45334-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Home Depot U.S.A., Inc.

Occupation (for Individual)
Operations Asst Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : 20191001-3151-0-23

Amount of Each Receipt this Period

11.52

☐ Memo Item

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

B. Harper, Eric, , ,

Mailing Address 109 Birch St
PO BOX 895

City
Jackson Center

State
OH

Zip Code
45334-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Home Depot U.S.A., Inc.

Occupation (for Individual)
Operations Asst Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2019

Transaction ID : 20191015-3110-0-23

Amount of Each Receipt this Period

11.52

☐ Memo Item

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

C. Harper, Yolanda, , ,

Mailing Address 4350 Cedar Bridge Walk

City
Suwanee

State
GA

Zip Code
30024-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Home Depot Store Support, Inc.

Occupation (for Individual)
Dir Health Productivity

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2019

Transaction ID : 20191008-4717-0-32

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

33.04

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