

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**The Home Depot Inc. Political Action Committee**

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

**A. Henley, David, , ,**

Mailing Address 5448 Setter Ct

City  
TheodoreState  
ALZip Code  
36582-8822FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

**Transaction ID : 20191022-495-0-14**

Amount of Each Receipt this Period

10.79

☐ Memo Item

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

**B. Hennigan, Mary, , ,**

Mailing Address 15626 Bond Mill Rd

City  
LaurelState  
MDZip Code  
20707-5410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Home Depot U.S.A., Inc.Occupation (for Individual)  
Key Carrier Dept Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.87

Date of Receipt

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

**Transaction ID : 20191001-5400-0-23**

Amount of Each Receipt this Period

10.13

☐ Memo Item

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

**C. Hennigan, Mary, , ,**

Mailing Address 15626 Bond Mill Rd

City  
LaurelState  
MDZip Code  
20707-5410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Home Depot U.S.A., Inc.Occupation (for Individual)  
Key Carrier Dept Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

223.87

Date of Receipt

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

**Transaction ID : 20191015-5344-0-23**

Amount of Each Receipt this Period

10.70

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

31.62

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