

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 48
(check only one)

<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)

Caesars Entertainment Corporation Political Action Committee

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

A. LAVERONI, KAREN, K, ,

Mailing Address 306 Arbor View Cir

City
DibervilleState
MSZip Code
39540-4862FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARRAH S GULF COASTOccupation (for Individual)
MGR SURVEILLANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
07	18	2019

Transaction ID : ADBDBFE67ADC749C1B71

Amount of Each Receipt this Period

32.00

☐ Memo Item

Payroll Deduction: \$16.00/Bi-Monthly

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

B. ERHARD, ELLEN, O, ,

Mailing Address 13800 Paraiso Rd

City
Ocean SpringsState
MSZip Code
39564-2569FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARRAH S GULF COASTOccupation (for Individual)
MGR SPA/POOL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
07	18	2019

Transaction ID : A41C9E69D89DF45F8801

Amount of Each Receipt this Period

32.00

☐ Memo Item

Payroll Deduction: \$16.00/Bi-Monthly

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

C. WEST, JASON, S, ,

Mailing Address PO Box 7774

City
DibervilleState
MSZip Code
39540-7721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARRAH S GULF COASTOccupation (for Individual)
EXEC CASINO HOST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
07	18	2019

Transaction ID : AE5FD4B7420464A3BB56

Amount of Each Receipt this Period

32.00

☐ Memo Item

Payroll Deduction: \$16.00/Bi-Monthly

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

96.00

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