

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

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

FOR LINE NUMBER: PAGE 18 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**McConnell for Majority Leader Committee**

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

**A. Hallaway, Rashid, , ,**

Mailing Address 522 Magnolia Ave

City  
Charlotte

State  
NC

Zip Code  
28203-5644

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HHQ Ventures LLC

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2017

**Transaction ID : A789859030B214E9FB9C**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Desai, Suvas, , ,**

Mailing Address 2040 Manor Dr.

City  
Lexington

State  
KY

Zip Code  
40502-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : AA325577D9F2F4F843**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Hall, Donna, , ,**

Mailing Address 101 Idle Hour Dr  
Apt 4

City  
Lexington

State  
KY

Zip Code  
40502-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : A8414C19DC4FA4F739A6**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00