

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

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

FOR LINE NUMBER: PAGE 14 OF 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**CAP-PAC separate segregated fund of the National Community Action Foundation Inc**

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

**A. Grant, Bill, , ,**

Mailing Address 479 McCarrons Blvd N

City  
Roseville

State  
MN

Zip Code  
55113-6903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Community Action Partnership

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

08 / 13 / 2019

**Transaction ID : VN908M0QDV8**

Amount of Each Receipt this Period

199.00

☐ Memo Item

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

**B. Grant, Bill, , ,**

Mailing Address 479 McCarrons Blvd N

City  
Roseville

State  
MN

Zip Code  
55113-6903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Community Action Partnership

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

08 / 13 / 2019

**Transaction ID : VN908M0QDX4**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**c. Harding, Susan, , ,**

Mailing Address 609 Boutell Dr

City  
Grand Blanc

State  
MI

Zip Code  
48439-1535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OLHSA

Occupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.00

Date of Receipt

08 / 02 / 2019

**Transaction ID : VN908M010T0**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

259.00