

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 557 OF 1621
(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)

CHC BOLD PAC

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

A. Gutheil, Thomas, , ,

Mailing Address 6 Wellman St

City
BrooklineState
MAZip Code
02446-2831FEC 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 ▼

451.00

Date of Receipt

M M	D D	Y Y Y Y
03	16	2020

Transaction ID : VTEJXYAS8H0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Gutheil, Thomas, , ,

Mailing Address 6 Wellman St

City
BrooklineState
MAZip Code
02446-2831FEC 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 ▼

451.00

Date of Receipt

M M	D D	Y Y Y Y
03	23	2020

Transaction ID : VTEJXYB3VG2

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Gutheil, Thomas, , ,

Mailing Address 6 Wellman St

City
BrooklineState
MAZip Code
02446-2831FEC 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 ▼

451.00

Date of Receipt

M M	D D	Y Y Y Y
03	23	2020

Transaction ID : VTEJXYB3VH0

Amount of Each Receipt this Period

15.00

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

80.00

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