

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 290 OF 649
(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)

Congressional Black Caucus PAC

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

A. Kirkhart, Jerry, , ,

Mailing Address 2350 Inyo St

City
Los OsosState
CAZip Code
93402-3501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	10	2019

Transaction ID : VNW66GX27V9

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Kirkhart, Jerry, , ,

Mailing Address 2350 Inyo St

City
Los OsosState
CAZip Code
93402-3501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	17	2019

Transaction ID : VNW66GX36Z5

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

C. Klauder, John, , ,

Mailing Address 1012 NW 45th Ter

City
GainesvilleState
FLZip Code
32605-4592FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	03	2019

Transaction ID : VNW66GWWZW9

Amount of Each Receipt this Period

5.00

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

32.50

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