

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

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

FOR LINE NUMBER: PAGE 90 OF 655

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Ciddio, Mary, , ,

Mailing Address 1520 Spruce St

City  
BerkeleyState  
CAZip Code  
94709-1552FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peralta Community CollegesOccupation (for Individual)  
Disability Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2019

Transaction ID : VTEJXWVZ3K2

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Ciddio, Mary, , ,

Mailing Address 1520 Spruce St

City  
BerkeleyState  
CAZip Code  
94709-1552FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peralta Community CollegesOccupation (for Individual)  
Disability Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2019

Transaction ID : VTEJXWWT3T1

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Cody, Martha, , ,

Mailing Address 657 Pismo St

City  
San Luis ObispoState  
CAZip Code  
93401-3944FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cal Poly San Luis ObispoOccupation (for Individual)  
University Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2019

Transaction ID : VTEJXWWRD25

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

45.00

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