

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 488 OF 655
(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. Schafer, Phyllis, Brooks, ,

Mailing Address 2130 Jefferson Ave

City
BerkeleyState
CAZip Code
94703-1470FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.50

Date of Receipt

M M	D D	Y Y Y Y
04	29	2019

Transaction ID : VTEJXWWQ8S9

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Schallert, Richard, , ,

Mailing Address 190 Twin Harbor Dr

City
WinneconneState
WIZip Code
54986-9708FEC 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 ▼

1255.00

Date of Receipt

M M	D D	Y Y Y Y
04	08	2019

Transaction ID : VTEJXWV36V2

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Schallert, Richard, , ,

Mailing Address 190 Twin Harbor Dr

City
WinneconneState
WIZip Code
54986-9708FEC 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 ▼

1255.00

Date of Receipt

M M	D D	Y Y Y Y
04	08	2019

Transaction ID : VTEJXWV36W0

Amount of Each Receipt this Period

5.00

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

35.00

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