

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

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

FOR LINE NUMBER: PAGE 849 OF 2372

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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  
Brookline

State  
MA

Zip Code  
02446-2831

FEC 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 ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 06 / 2020

**Transaction ID : VTEJXYE2K90**

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  
Brookline

State  
MA

Zip Code  
02446-2831

FEC 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 ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 13 / 2020

**Transaction ID : VTEJXYEAX85**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City  
Brookline

State  
MA

Zip Code  
02446-2831

FEC 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 ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 13 / 2020

**Transaction ID : VTEJXYEF2G1**

Amount of Each Receipt this Period

3.00

☐ Memo Item

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

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

63.00