

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 1539

(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. Barry, Robert, , ,

Mailing Address 17 Pulsifer St

City
NewtonState
MAZip Code
02460-2220FEC 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 ▼

765.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2020

Transaction ID : VNW66HGXEE1

Amount of Each Receipt this Period

3.00

☐ Memo Item

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

B. Barry, Robert, , ,

Mailing Address 17 Pulsifer St

City
NewtonState
MAZip Code
02460-2220FEC 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 ▼

765.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2020

Transaction ID : VNW66HGXFB0

Amount of Each Receipt this Period

3.00

☐ Memo Item

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

C. Barry, Robert, , ,

Mailing Address 17 Pulsifer St

City
NewtonState
MAZip Code
02460-2220FEC 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 ▼

765.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2020

Transaction ID : VNW66HGYHP9

Amount of Each Receipt this Period

3.00

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

9.00

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