

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

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

FOR LINE NUMBER: PAGE 26 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)

C3 PAC

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

A. GLASS, JOHN, , ,

Mailing Address 5562 VASSAR DRIVE

City  
SAN JOSE

State  
CA

Zip Code  
95118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2020

Transaction ID : SA11AI.25823

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

B. GOMES, LUCIANO, , ,

Mailing Address 551 TWIN LAKE DRIVE

City  
SUMMERVILLE

State  
SC

Zip Code  
29483

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2020

Transaction ID : SA11AI.24565

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

C. GWALTNEY, ROSALIE, , ,

Mailing Address 1531 N. MAIN STREET

City  
LOVINGTON

State  
NM

Zip Code  
88260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOR-LEA REGIONAL HOSPITAL

Occupation (for Individual)  
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2020

Transaction ID : SA11AI.24345

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

235.00

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