

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2306 OF 3094
(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. Sugarman, Howard, , ,

Mailing Address 275 Molino Ave

City
Mill ValleyState
CAZip Code
94941-2740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : VTEJXMGT941

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Sullivan, Barbara, , ,

Mailing Address 21135 Freedom Dr

City
CupertinoState
CAZip Code
95014-5705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : VTEJXMCAGAY1

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Sullivan, Brigitte, , ,

Mailing Address 317 Homestead Dr

City
CaryState
NCZip Code
27513-2907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross/Blue Shield of N Carolina

Occupation (for Individual)

Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : VTEJXMCHFK2

Amount of Each Receipt this Period

25.00

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

65.00

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