

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
<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)
1820 PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BOYCE, RICHARD, , ,		Date of Receipt MM / DD / YYYY 09 / 08 / 2020
Mailing Address 437 WHISKEY HILL RD		Transaction ID : SA11AI.4454
City WOODSIDE	State CA	Zip Code 94062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRADY, KATHERINE D., , ,		Date of Receipt MM / DD / YYYY 09 / 28 / 2020
Mailing Address PO BOX 126		Transaction ID : SA11AI.4510
City OLDWICK	State NJ	Zip Code 08858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BRADY, NICHOLAS, , ,		Date of Receipt MM / DD / YYYY 09 / 28 / 2020
Mailing Address PO BOX 126		Transaction ID : SA11AI.4511
City OLDWICK	State NJ	Zip Code 08858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50000.00
Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 50000.00	

SUBTOTAL of Receipts This Page (optional).....▶	120000.00
TOTAL This Period (last page this line number only).....▶	