

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

FOR LINE NUMBER: PAGE 83 OF 1189

(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 ▼

368.00

Date of Receipt

M M	D D	Y Y Y Y
03	02	2020

**Transaction ID : VNW66HDXAM3**

Amount of Each Receipt this Period

25.00

☐ 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 ▼

368.00

Date of Receipt

M M	D D	Y Y Y Y
03	09	2020

**Transaction ID : VNW66HE1DC0**

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 ▼

368.00

Date of Receipt

M M	D D	Y Y Y Y
03	09	2020

**Transaction ID : VNW66HE1J89**

Amount of Each Receipt this Period

5.00

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

33.00

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