

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 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 M	/	D D D	/	Y Y Y Y Y Y
03		23		2020

**Transaction ID : VNW66HEF4R4**

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 M	/	D D D	/	Y Y Y Y Y Y
03		23		2020

**Transaction ID : VNW66HEF4X4**

Amount of Each Receipt this Period

25.00

☐ 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 M	/	D D D	/	Y Y Y Y Y Y
03		23		2020

**Transaction ID : VNW66HEF515**

Amount of Each Receipt this Period

3.00

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

53.00

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