

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 767 OF 1117

<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. Schallert, Richard, , ,

Mailing Address 190 Twin Harbor Dr

City

Winneconne

State

WI

Zip Code

54986-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02		24		2020

Transaction ID : VTEJXY6R3E1

Amount of Each Receipt this Period

5.00

☐

Memo Item

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

B. Schallert, Richard, , ,

Mailing Address 190 Twin Harbor Dr

City

Winneconne

State

WI

Zip Code

54986-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02		24		2020

Transaction ID : VTEJXY6R3F8

Amount of Each Receipt this Period

20.00

☐

Memo Item

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

C. Schallert, Richard, , ,

Mailing Address 190 Twin Harbor Dr

City

Winneconne

State

WI

Zip Code

54986-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02		29		2020

Transaction ID : VTEJXY6Z7B0

Amount of Each Receipt this Period

5.00

☐

Memo Item

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

30.00

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