

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

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<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. Connelly, Vincent, , ,

Mailing Address 345 Sherwood Ave

City
Satellite BeachState
FLZip Code
32937-3037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.55

Date of Receipt

M M	D D	Y Y Y Y
12	30	2019

Transaction ID : VTEJXY1KQ01

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Connelly, Vincent, , ,

Mailing Address 345 Sherwood Ave

City
Satellite BeachState
FLZip Code
32937-3037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.55

Date of Receipt

M M	D D	Y Y Y Y
12	30	2019

Transaction ID : VTEJXY1KQ19

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Conner, Leslie, , ,

Mailing Address 6703 272Nd St NE

City
ArlingtonState
WAZip Code
98223-8623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Everett ClinicOccupation (for Individual)
Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
12	09	2019

Transaction ID : VTEJXXYS319

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

35.00

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