

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1963 OF 2159

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Wright, Karen, , ,

Mailing Address 5490 S Kenwood Dr

City  
MurrayState  
UTZip Code  
84107-6228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Turn Community ServicesOccupation (for Individual)  
Program Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2017

Transaction ID : C22412256

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Wright, Karen, , ,

Mailing Address 5490 S Kenwood Dr

City  
MurrayState  
UTZip Code  
84107-6228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Turn Community ServicesOccupation (for Individual)  
Program Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2017

Transaction ID : C22412257

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Wright, Karen, , ,

Mailing Address 5490 S Kenwood Dr

City  
MurrayState  
UTZip Code  
84107-6228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Turn Community ServicesOccupation (for Individual)  
Program Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : C22422093

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

15.00

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